Lectures
ON THE
DISEASES OF THE LACHRYMAL APPARATUS.

Delivered at the Moorfields Hospital,

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LECTURE II.

Morbid conditions of the sac and nasal duct; original seat of the disease; mode of extension of disease; acute and chronic stages; true fistula; exceptional cases.

HAVING considered, in the last lecture, that group of cases in which overflow of tears is the prominent symptom, and in which such overflow is due to changes in the condition and position of the puncta and canaliculi, and the treatment suited to them, we may next examine the various morbid conditions of the lachrymal sac and nasal duct. It is not often that we have an opportunity of observing the different stages through which a case of this kind passes, nor is it always found that a case passes through all the changes that we meet with in practice: it may become arrested at a particular point, and remain unchanged for months and years; or it may digress into some unusual and exceptional condition; or, again, the disease may commence with its severest and worst manifestations, without passing through the more usual preliminary steps. Nevertheless, by observing a large number of cases in different stages we obtain an insight into the course these changes take as they gradually pass from one condition to another, each being rather more severe and difficult to manage than the last.

The first and simplest effect produced by any impediment to the flow of tears down the nasal duct is a change in the size, in the thickness, and in the contents of the lachrymal sac; and coincident with or antecedent to this, a closure or narrowing, more or less complete, of some part of the nasal canal or duct. When a patient presents himself suffering from this, the early stage of lachrymal disease, and complaining of the overflow of tears, an experienced eye at once detects that the level of the skin in the situation of the sac is somewhat higher than upon the other side; and on making pressure with the finger in the situation of the swelling, it yields, and the little bag is felt to empty itself. Most commonly the fluid escapes through one or both puncta, and is of a slightly glairy character, with particles of mucus or pus floating in it; or it may be aqueous, with similar particles in it. Sometimes the contents of the sac, on making pressure, instead of regurgitating through one or both puncta, pass down the nasal duct. The amount of pressure required to empty the sac differs exceedingly, but usually in the early stages very slight force is necessary. It is evident that in those cases in which the contents of the sac pass downwards the nasal duct is only narrowed, and not occluded; and the canaliculi are closed in a valvular manner by the change in the form, size, and relative position of the sac, altering the direction and the mode and place of entry of the canaliculi into the sac. When regurgitation is constantly occurring on pressure, both the puncta and the canaliculi may become enlarged and dilated. If great care be not taken to empty the sac frequently, further changes occur; and even when every precaution is taken, it is scarcely possible to prevent some unfavourable change in the sac. Gradually the sac becomes thickened, its mucous lining villous, and its secretion of a purulent character; during the night, or if at any time some hours are allowed to elapse without emptying the sac, it becomes distended, hard, and painful; the skin can be felt to glide freely over a firm, round, slightly elastic swelling, and considerable pressure is needed in order to empty the tumour. When this is completely effected, the end of the finger is found to sink somewhat deeply in the situation of the lachrymal sac; showing that the enlargement has been produced not merely by the stretching of the anterior boundary, but by the expansion of the thin, bony, posterior wall; and in some cases, as we shall find, this expansion is carried to a remarkable extent.

Further changes may now occur. If the matter accumulate rather rapidly and suddenly, and if from any cause it be not pressed out, or if on making pressure it be found impossible to empty it, the sac may ulcerate at some point, and the matter escaping into the surrounding cellular tissue may form a second sac. The position of this second tumour varies according to the accidental position of the ulcerated spot in the true sac. Most frequently it forms a long narrow swelling by the side of the nose, the skin over it being thin and discoloured. Sometimes it travels along the lower margin of the orbit. Still more rarely it extends upwards towards the internal angular process of the frontal bone. It cannot be emptied by pressure; and even when the contents of the true sac are evacuated, this secondary elastic swelling remains. Sooner or later, if left to itself, it opens by a small fistulous aperture at a point the most remote from the true sac. Other modifications may sometimes be observed, and are of sufficient interest to be noted and described, since they belong to a true history of the morbid anatomy of these parts, and require some special expedients to be adopted in treatment. We sometimes find that the sac, instead of becoming thick, with a villous lining and a purulent or puro-mucous secretion, gradually thins and expands, and is filled with glairy fluid of the consistence of the white of egg; this expansion may go on to a very considerable extent, and in every direction, until it attains the size of a large walnut. This may be emptied by pressure. Most commonly the glairy fluid wells up through one or both puncta, and fills the inner angle of the eyelids; or it may pass down the nasal duct; or not uncommonly it appears to have made an opening in the posterior wall, so that on making pressure the contents are felt by the patient to pass backwards into the throat; and in such cases it sometimes happens that, when in the recumbent posture, and during the night, the sac does not become distended as it does at other times. In some of these cases the obstruction seems but slight, and the expansion and filling of the bag is due in a great measure to its tenuity and extreme laxity. This change in its condition constitutes, as we shall hereafter see, a difficulty and complication in the treatment. If the contents of the sac regurgitate through the puncta, it is important, in a practical point of view, to observe whether they pass through one or both puncta; and if only through one, we must note carefully whether it be the upper or the lower. Whichever canaliculus permits the return of the contents of the sac will also prove the safest and readiest conduit into the sac when we commence mechanical treatment. The upper punctum is the one that usually remains patent in these cases. Sometimes, in consequence of the distension of the sac and the change in the direction of the canaliculi, a sort of valvular closure is produced, so that the contents will no longer regurgitate through the puncta. In this way the contents of the sac may become incarcerated; and if the balance between the sac and its contents be maintained, a stationary condition may exist for months and years, during which no inconvenience is experienced, except an overflow of the tears, and an elastic tumour that neither increases nor diminishes. I once met with a case in which a tumour of this kind had existed unchanged for above seven years; and on evacuating the contents, a quantity of dark glairy fluid escaped, with particles of cholesterine floating about in it. Or, again, cases of obstruction in the nasal duct may pursue a different course.

I have already described the gradual enlargement and thickening of the sac, and the change in the quantity and in the nature of the secretion. So long as this can be pressed out, either through the puncta or elsewhere, no serious inconvenience is experienced; or if the outlets become very gradually occluded during a very passive and quiet condition of the surrounding parts, no acute symptoms follow; but if in a case of this kind the outlet to the escape of the contents of the sac be suddenly closed, either as the result of cold or injury, the pent-up secretion becomes a source of severe irritation: the surrounding parts are unyielding, they rapidly become tense and painful, and all the symptoms of an acute abscess come on; the swelling is very considerable, and extends to the surrounding parts, the skin over the sac is of a bright-red colour, tense, and shining, and matter, at first deeply seated, gradually makes its way to the surface. Pain and constitutional irritation are often considerable during this stage of acute suppuration of the sac. If the matter is not evacuated by means of a free incision, the parts gradually thin, and a spontaneous opening occurs; relief to all the acute symptoms follows, the sac gradually empties itself, and continues to discharge. The after-effects of this acute attack vary in different cases. If the inflammation has been sufficiently severe to destroy the mucous lining of the sac, it may become obliterated, and the parts may heal up, leaving as the only inconvenience the occasional overflow of a tear. This, however,

is a very uncommon result. More commonly the opening closes either by a dry scab or by a thin eschar, matter again collects, some slight pain and tension follows, and the matter finds an escape once more. This may recur almost indefinitely, and at length a permanent opening will establish itself, a small, round cutaneous aperture will form, through which the tears escape as they are secreted, and a true fistula lachrymalis is established.

I have now described the various stages through which this disease may pass,—though, at the same time, I do not wish to imply that in each case all the symptoms I have mentioned occur. It may be arrested for a protracted period at almost any stage, and may become chronic or suddenly acute. It is important to bear in mind the possibility of a sudden acute attack supervening at any moment, and at any stage, upon the chronic condition, and seriously interfering with the successful treatment of the case. It suggests the danger of leaving a chronic obstruction of the nasal duct without proper treatment. At that stage it is comparatively easy to restore the permeability of the nasal duct, but when once acute inflammation has supervened the difficulties become much greater, and a cure sometimes is impossible.

It is by no means easy to arrive at any definite and well-grounded conclusions either as to the causes of these morbid states of the lachrymal apparatus or as to the exact pathological changes upon which these conditions depend. As a rule, it is probable that a diseased condition of the mucous lining of the sac and nasal duct does not occur spontaneously and primarily in that part of the canal, but is propagated along the mucous membrane from some other part; and if so, does the inflammation more commonly extend itself from the conjunctiva along the canaliculi to the sac and nasal duct, or is the Schneiderian membrane the primary seat of the inflammation, whence it spreads upwards along the nasal duct? or does inflammation spring up sometimes spontaneously in that part of the mucous membrane that lines the sac or the duct? I believe that most commonly the diseased condition extends gradually from the conjunctiva down the lachrymal passages. I have seen this not very uncommonly in infants suffering from catarrhal or mild purulent ophthalmia. The puro-mucous inflammation has extended to the sac, and on making pressure I have observed the contents of the sac regurgitate. It is easy to understand that a degree of chronic inflammation which produces a thickened state of the sac, with some dilatation and increase of secretion, would simultaneously produce narrowing or even complete occlusion of some part of the nasal duct. Sometimes a membrane forms just where the duct joins the sac, and forms a complete septum between the two. Beyond this point the duct is found of its usual size; this is particularly the case where the sac is thin, and expanded and filled with glairy fluid. In other cases we find one or more contracted points in the nasal duct, and occasionally the entire canal seems narrowed and closed at one or more points. Very much of the success of mechanical treatment depends upon the nature of the stricture we have to contend with. A constant and abundant flow of acrid irritating tears will tend to produce obstruction, and, on the other hand, complete dryness and absence of all flow of tears tends to the same result. No doubt the nose is occasionally the original seat of the disease. Chronic inflammation of the Schneiderian membrane, extending up the nasal duct, may cause gradual thickening and narrowing of the canal, and induce a very obstinate and intractable form of stricture; but this is a less frequent cause of obstruction than chronic inflammation, spreading down the canal from the conjunctiva.

We have another group of cases which, although still more rare, are of sufficiently frequent occurrence and of sufficiently grave importance to deserve notice. We occasionally observe that the disease commences either in the periosteum lining the bony canal, or in the delicate bony wall itself. It is usually the result of some constitutional taint, or it may follow an attack of fever or one of the exanthemata. In strumous children there is a chronic form of abscess which often burrows and forms sinuses that open in various directions. If a probe be passed into the sac, the bone can be felt bare and denuded, and even ready to exfoliate. A very acute abscess of the sac is very liable to follow an attack of scarlet fever, attended with necrosis and obstruction of the nasal duct of an obstinate and permanent character. As the acute symptoms pass off, chronic abscess follows; this closes and reopens from time to time, and becomes for months and years a source of annoyance and disfigurement, and is but little amenable to treatment. We may also observe occasionally in adults that suppuration of the sac is complicated with and arises from chronic thickening of the periosteum. On emptying the sac with the finger, swelling and induration can be felt, and some discoloration of the skin over the sac may be observed. In syphilitic disease of the nose, complete and permanent obstruction of the nasal ducts, complicated with chronic abscess of the sac, is a frequent condition. Injuries and fractures of the bones of the nose may likewise produce a traumatic stricture of an impermeable nature.

It will be seen from the above description that the morbid anatomy of the sac and nasal duct is somewhat complicated; and the opportunities for obtaining accurate information respecting the exact condition of the parts, the seat of stricture, and the tissues primarily and secondarily implicated, are limited, and the results arrived at uncertain and ambiguous. Nevertheless, in considering the important question of treatment, and the plan best adapted for each group of cases, the morbid conditions we have to encounter must enter largely into consideration, must guide our prognosis, and influence us in determining the most appropriate procedure. Until a comparatively recent period the treatment of these cases was very unsatisfactory: often negative and expectant, occasionally palliative, rarely if ever curative. A considerable march has been made in this, as in many other forms of ophthalmic disease, which it is very interesting and useful carefully to consider; but this branch of the subject I must reserve for another lecture.

REPORTS OF

CASES OF GUNSHOT WOUNDS

IN THE GENERAL MILITARY HOSPITAL OF CAMP WINDER, NEAR RICHMOND, VIRGINIA,

Forwarded for publication in THE LANCET *by Inspector* A. J. SEMMES, M.D., *Confederate States Army; with Remarks by* T. LONGMORE, *Professor of Military Surgery at the Army Medical School, Netley.*

LIGATURE OF BOTH COMMON CAROTID ARTERIES WITHIN SIX DAYS.—GUNSHOT WOUND OF THE TRANSVERSE COLON, WITH DOUBLE FÆCAL FISTULA; RECOVERY.

THE reports refer to some of the cases admitted into the General Military Hospital of the Confederate States, near Richmond, Virginia, known as Camp Winder Hospital, in May, 1863. The documents inform us that this hospital is constructed for 3000 patients, and that at the time the reports were forwarded, in June last, there were actually in it 2500, most of them being soldiers who had been wounded in the battles fought at Fredericksburg and Chancellorsville on May 3rd, 1863. The hospital is composed of five divisions, each division being under the charge of a surgeon with six assistant-surgeons acting under him. Although not written ostensibly as having any professional relation to the subjects of these reports, the concluding sentence in the letter under cover of which they were transmitted may well be quoted, as it strongly illustrates the spirit by which the writer, an officer of the highest rank in the medical service, is animated in the discharge of his functions. "We are engaged," he writes, "in a great and stupendous war for the achievement of our independence, and our whole minds, souls, means, and resources are devoted to one object—liberty and self government." If the wounded at Camp Winder are animated by a similar spirit, the moral influence of the belief that they have received their wounds in so patriotic a cause will be no little help in sustaining them through the tedious periods of their confinement under hospital treatment.

The reports sent are from three divisions—the first, second, and fifth, and together comprise notes of thirty cases. Some of these, but only a limited proportion, have very special interest, and it cannot but be supposed that out of the immense number of patients in the hospital at the time these notes were forwarded there must have been many cases of much more striking characters and unusual features than the majority of the cases reported upon. On examining the reports they are seen to refer to wounds in the following regions:—Neck, 1; abdomen, 1; upper and lower extremities, 19; joints, 7; and arteries, 2. No case of wound of the head or chest occurs amongst them.

The two cases of wounds in the cervical and abdominal re-

gions are particularly deserving of quotation and comment. The following is the report of the case of wound in the neck. It is written by Surgeon Williams, in medical charge of the division in which the patient was treated.

"Private B. Creecy, 42nd Virginia Regiment, was wounded by a Minié ball, on Sunday, May 3rd, 1863, through the larynx, above the vocal cords. The epiglottis was carried away.

"Ligated on May 12th, for excessive arterial hæmorrhage, the common carotid of the left side, at the point of election. No chloroform could be administered. Patient fainted during the operation. On the morning of the 18th of May, had to ligate the right carotid at the same point, in both instances stopping hæmorrhage. He lived thirty-eight hours with both tied. No brain symptoms. Retained heat of head.

"*Autopsy.*—The hyoid artery of the left side was involved, both carotids having been effectually secured."

The recorded instances of ligature of both common carotid arteries are very few, and the performance of the operation of ligating the second, within so short a period as six days after the ligature of the first, I believe to be unexampled. Chelius* refers to three cases in which both common carotid arteries were tied. In one instance the interval between the two operations was one month, in the second it was six weeks, and in the third twenty-seven days. The patients recovered. It seems strange that the cause of death is not particularly defined in the notes of the case of Private Creecy; the inference is that he sank from the effects of hæmorrhage and general debility. The patient was probably in a very reduced state at the time of his admission into the hospital (the precise date of which is not stated), as in a note to the report it is mentioned that all the patients when admitted were suffering from the inconvenience and discomforts incident to inadequate transportation from the field of battle. None of the patients wounded on the 3rd of May appear to have reached the General Hospital before May 9th.

There is one practical point in this case which one cannot avoid observing, but the notes of the case afford no solution to the question which its consideration excites. The hæmorrhage, as shown after death, was proceeding from the hyoid artery of the left side (lingual?): could no attempt have been made to secure this vessel at the wound itself with a chance of success? The condition of the parts may have opposed this proceeding, but it is not so stated. Failing this resource, should not the external carotid artery have been tied by careful dissection in extension of the wound before resorting to ligature of the common carotid? For even where the common carotid artery on one side only is tied, the operation must be regarded as a very hazardous one, its ordinary application in cases of disease being attended with a mortality of more than one-third, as shown by Dr. Norris's tables of collected cases.† Mr. Guthrie always laid it down as an axiom that in cases of hæmorrhage from wounds of the throat, it so generally happened that it was a branch of the external carotid which gave rise to it that the supply of blood to the head by the internal carotid should never be cut off by ligating the common carotid until after ligature of the external carotid had been tried and failed. Ligature of the common carotid should be the last resource. This rule becomes the more important when it is a question of the carotids on both sides being tied. The post-mortem examination showed in the present case that, so far as the operation of cutting off the supply to the bleeding vessel was concerned, Mr. Guthrie's rule would have been the proper one to follow.

It is to be regretted that more particulars of this interesting case have not been furnished. It would have been useful to have had a more precise description of the course of the projectile; to have been informed how deglutition was effected with the opening of the glottis so imperfectly protected; what laryngeal symptoms were presented; whether inflammatory action had not extended along the trachea and bronchi; what appearances were presented by the brain, &c. But, even as it is, the ligature of the two common carotids at so short an interval as six days, the collateral circulation having been in that time sufficiently established to prevent the evidence of any immediate obvious effects on the brain, is an interesting fact well worthy of being recorded. The immense strain which is thrown upon the time and exertions of army surgeons in a large hospital crowded with wounded troops must not be forgotten when remarking upon the absence of more minute details in notes of particular cases.

The following is the report of the case of gunshot wound of the abdomen referred to above. The case was under the immediate care of Surgeon J. Chambliss, C. S. A.:—

"Private J. Chamberlayne, 16th Miss. Regt., aged twenty-six years, a civil engineer by occupation previous to enlistment, was wounded at the battle of Chancellorsville on May 3rd, 1863. The ball entered obliquely in the mesial line in the epigastric region, three inches below the ensiform cartilage, and passed out on the left side beneath the last true rib, wounding in its course the *transverse colon* for at least four inches. The distance from the entrance to the exit of the ball was six inches.

"The patient entered the hospital on May 9th, 1863, much exhausted, and suffering from great nervous irritability. Excrement was constantly discharged from both openings of the wound. This condition lasted until the 14th of May, when the wound became more healthy. Several large pieces of clothing driven in by the ball were removed. On the 16th the discharges of excrement through the wound entirely ceased, and the patient now had for the first time a perfectly natural passage by the bowels. Since this time there has been a gradual closure of the wound, from which is discharged pus of a healthy nature.

"The treatment of the case has been very simple from the first—viz., compresses of picked lint, saturated with a solution of creasote (one drop to an ounce of water), and careful bandaging, several turns of a wide roller being passed round the body. To procure sleep and rest he took by the mouth two grains of acetate of lead and half a grain of powdered opium, repeated every hour until the desired effect had been produced. Ice, with wine, was administered three times daily. Diet of beef-tea, two tablespoonfuls every three hours.

"June 1st.—The patient has now been able to walk about the ward for three days past without assistance, and sits up for hours without fatigue. I think his entire recovery from the wound certain."

This case is of interest from the situation of the wound. In the majority of cases of recovery from gunshot wounds of the colon, the bowel has been wounded in its descending course, and the projectiles have entered from the back or loin, so that in all probability the general serous cavity of the abdomen has been very little interfered with, and in some cases not opened at all. From the complete investment of the transverse colon by serous membrane, a ball could not penetrate, and pass out again of its canal, without opening its sac and contusing its structure in several directions—in its parietal investment, in its reflexion over the great omentum, and in its covering of the bowel, both where the projectile entered and where it escaped. Moreover, the position of the transverse colon at the upper part of the abdomen gives rise to increased danger in such injuries, from hæmorrhage, or the contents of the bowel entering the sac and gravitating to the hypogastric and pelvic regions without any opportunity of escape, as compared with what usually happens in wounds of its descending portion. Had the exact position of the patient when he was struck by the projectile been designated, and the probable condition of the stomach and viscera, as to their contents, been recorded, a more precise notion might have been obtained of the line of the ball's track, and the manner in which the stomach and other viscera escaped. The ball may have forced its exit, consistently with the description given, at the upper part of the descending colon behind, without the peritoneum being much involved at that point. The absence of information regarding the precise date at which the feculent matter was first observed to escape from the wound, and, indeed, of the whole history of the condition of the patient during the interval of the 3rd of May, when the wound was received, and the 9th of May, when he was admitted into Camp Winder, is to be regretted. It seems not improbable, as the fighting at Fredericksburg did not cease till the morning of the 5th, that during the first part of this period—for one or two days, perhaps—he was left on, or near, the field of action, with little if any food, and that during this time the adhesions between the bowel and the parietal peritoneum occurred, which shut off the openings made by the ball from the general cavity of the abdomen, and so saved the patient's life. Adhesions isolating the track of a ball into intestine have been stated to be formed in a few hours after the receipt of the wound.

The time which had elapsed when Surgeon Chambliss closed his report, under a month, was hardly sufficient for the prognosis of the completeness of the cure to be received as certain, though all danger affecting life might be well supposed to have passed away. In a case of gunshot wound of the colon which was under the writer's care in the Crimea, the artificial anus, which in this instance was in the lumbar region, would remain closed for a month or two, and even longer periods, and then unex-

* Chelius' Surgery, translated by South, pp. 232, 233.

† American Journal of the Medical Sciences, vol. xiv., p. 22, quoted in Holmes's System of Surgery, vol. iii., p. 497.

pectedly reopen, after some over-exertion or imprudence in eating. This patient appeared in the returns of one hospital, where he was treated subsequently to his return to England, as "discharged cured." In another case, in which the wound was received during the late mutiny in India in 1858, the cure was so complete that the soldier was able to return to his duty in the ranks; but some months afterwards, on being inadvertently put for a short time to hard labour in prison, the fecal fistula became again opened, the solid contents of the bowel were discharged through it, and the man had to be discharged from further service. Perhaps the situation in the present case might be more favourable for a recovery than a situation more dependent, and consequently more liable to obstruction and pressure; but the records of cases of artificial anus consequent on other causes than gunshot would tend to show that a very cautious prognosis ought to be given in all wounds of this nature. The artificial anus subsides into a fistulous track, which closes for a time, but is too apt to ulcerate and become open again under irritation. In the few instances of abnormal anus produced traumatically by gunshot which have been recorded by military surgeons as having been followed by recovery, the statements have been usually made on observations extending over such periods as one to three or four months, and these, too, during the comparative absence of risk of relapse from the patient being under hospital rule and protection. The fact of complete recovery, however, can only be fairly established after the subject of the injury has been engaged for some time at his usual avocations.

The other cases will be noticed on a future occasion.

CONTRIBUTIONS

TO THE

PATHOLOGY & TREATMENT OF ASTHMA.

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LECTURER ON PHYSIOLOGY AND PATHOLOGY AT THE CHARING-CROSS HOSPITAL MEDICAL SCHOOL, AND ASSISTANT-PHYSICIAN TO THE HOSPITAL.

II.—ON THE TREATMENT OF ASTHMA BY THE IODIDE OF POTASSIUM.

This is a remedy that, in the opinion of many competent men, holds a high place in the treatment of asthma. Dr. Williams evidently thinks highly of it. I many asthmatic patients who have been under the care of that eminent and able physician, and I find that for almost all of them he has ordered iodide of potassium. I remember some years ago receiving a long and interesting letter from my friend Dr. Oke, of Southampton, begging me to try it, and assuring me that he found it an almost unfailing remedy, and had seen it succeed in the most obstinate cases; indeed, he regarded it in the light of a specific. In many other and equally respectable directions I have heard its praises as loudly sounded.

But I must say that, according to my own experience, it does not deserve so high a place as has been given it. I find it entirely fail in a great many cases, while those in which its success is complete are comparatively few. I do not believe that in one case in five it is of sufficient permanent advantage to be worth persevering in. Still, one case in five would be a great deal in such a disease as asthma—a disease so painful, and often so intractable; and I should not think it right to omit its trial in any case in which it had not been fairly tried. How to explain the lower estimate I have formed of its value than others have I cannot tell; but the very frequency with which I see it in the prescriptions of other physicians tells, I think, against it; for if it had done any material good—if it had been a success—why should the patients come to me, and not rather continue under the care of those at whose hands they were receiving benefit? The frequency with which it is found in prescriptions for asthma represents, I think, the general opinion that is entertained on the part of those who prescribe it, rather than its utility to those who take it.

Sometimes, however, I have seen most striking results attend its use, as the following cases will show:—

E. H——, a lady aged thirty, who had suffered from asthma for seven years past, came under my care in September, 1863. Her paroxysms were of two kinds—very severe ones, lasting several days, at long intervals; and slight ones, occurring every night, and disturbing her sleep for an hour or two. From these last she had been suffering every night for some weeks when I saw her. Omitting many of the details of her case, I may mention the following as the most relevant:—Diet appears to exercise no influence on her attacks. Damp places agree with her the worst, and she is never well for the first day or two on going to a new place. She is liable to what she calls attacks of renal congestion, in which the urine is very thick and high-coloured, and she thinks that this state of the urine is associated with and produces the asthma. Her father is a martyr to rheumatic gout, quite crippled by it, and has been for years; an uncle died of gout quite young. She has tried an infinity of medicines, and, as far as their effects go, they may be divided into two classes: those which give her slight relief, and those which give her no relief at all. Among the former are—inhaling chloroform, smoking stramonium, smoking various forms of cigarettes, burning nitre paper and inhaling the fumes, ipecacuanha as an emetic, mustard plasters, blisters, chloric ether in thirty-minim doses. Among the latter are—strychnine and nux vomica, valerian, lobelia, hot strong coffee, sulphuric ether, Indian hemp. The benefit derived from inhaling chloroform, fumes of nitre paper, from ipecacuanha as an emetic, and from chloric ether, is great at the time, for the smaller attacks, but in each case evanescent.

When I first saw this lady, she was staying at Chertsey, and having the minor attacks every night. I prescribed for her extract of stramonium, and one or two remedies which she had not tried. She called on me again about the 5th of October, and informed me that what I had prescribed for her did not seem to have affected her in any way: she still had the slight attacks every night. She was going away in three days to a place in Surrey, where she had always been bad and had had some of her most violent attacks; indeed, she had never been there without being violently asthmatic the whole time, and she looked forward to her visit with great apprehension. The house to which she was going was built, as she described it, almost in a well—in a place surrounded with water on all sides, and which was rather *wet* than *damp*. I ordered her five grains of iodide of potassium and twenty minims of aromatic spirit of ammonia, in a wineglass of water, three times a day. I saw her husband on the 22nd of October, seventeen days afterwards, and his report was as follows:—She had begun the iodide of potassium a day or two after I had ordered it, and had not had an attack of any kind, severe or light, since. The minor attacks had entirely ceased, and she slept uninterruptedly through the night, a thing she had not done for two or three months: she had gone to the dreaded place, and no attack had occurred—the first time in her life that that had ever happened. Her husband did not know when he had seen her so well. She was daily gaining flesh and strength. The lady herself, with great simplicity, gave the strongest possible testimony to the effect of the remedy by saying, in her written account of herself, that "she had been so well since she had been taking it that she had had no opportunity of trying what its effects would be upon her asthma." To which of course I replied, that I did not care how long the same result should keep her ignorant of the virtues of the remedy.

It is now nearly a month since she has been taking the iodide, and she still remains perfectly free from her former symptoms. Occurring, as the change did, suddenly, and coincidently with the taking of the medicine, and under the most unfavourable circumstances—that is, when she was going to a place where she had never before escaped severe asthma as long as she was in it, I cannot but attribute the result to the remedy. What will be the effect of leaving it off, and whether on future occasions its results will be equally striking, the future only will show.*

The following case, in which the iodide appeared to be equally beneficial, was under my care during the past autumn:—

T. H——, a tall, pallid, spare man, aged sixty-two, had had asthma for six years, and for the last three the attacks had been frequent and very severe. He generally had an attack once a week, and if he escaped a fortnight thought himself very lucky. When I first saw him he had had for some time slight attacks every morning about four o'clock that woke him from sleep, and compelled him to sit up and cough and wheeze for an hour. There was no history of gout in the case; but there was clear

* About a month after writing the above, I heard that this lady had had a severe attack of acute bronchitis from exposure to cold. She was taking the iodide of potassium at the time. The bronchitis was very severe, so that for a day or two her life was in danger; but she had no *asthma*, although on all former occasions on which she had had bronchitis it had induced asthma. On the abatement of the bronchitis, I advised the resumption of the iodide of potassium; and at the time that I last heard from her there had been no reappearance of the asthma, and this was fully two months from the time it was first given.

evidence of occasional attacks of bronchitis. With regard to treatment, there was the old story: an infinity of remedies had been tried, and, with a single exception, nothing had done him any permanent good. That exception was chloroform, which never failed to give immediate relief. On waking each morning with his usual attack, from half a drachm to a drachm was inhaled. The difficulty of breathing at once subsided, the patient went off into a tranquil sleep, and there was an end of it; whereas, if the chloroform was not given, the dyspnœa would go on increasing, become very tedious, and very likely culminate in a regular attack. But with this single exception, all remedies that had been tried appeared inert. Several things that had not been employed I made a trial of, but with an equally unfavourable result till I tried iodide of potassium. The effect of this was very soon shown. No severe attack occurred after it was commenced, and in a few days the regular morning attacks ceased also. The patient now slept all night without disturbance, and there was no longer any necessity for resorting to the chloroform. This went on for six weeks; the iodide of potassium was then left off. In a few days the asthma began to show itself again, and in a week or two was as bad as ever. The iodide was then resumed, with the same beneficial results as before. I have not heard of this patient now for more than a month; and this very circumstance inclines me to hope that this remedy still keeps his enemy at bay.

It should always be borne in mind, in giving iodide of potassium for asthma, that it is often some time before it begins to take effect. I have a patient at the present time under my care who has been taking it for three weeks past in eight-grain doses three times a day, but it is only during the last week that any decided improvement has taken place in him. He has lost his spasms; the expectoration has very much decreased; and he has ceased to experience an abiding "thickness" and tightness of breathing that he had in the intervals of the attacks, and which never left him. His nurse tells me that whereas before, for months past, whenever he was asleep his breathing was audible and laboured, and accompanied with a slight wheezing, it is now inaudible and tranquil. Yet for the first fortnight this patient derived no apparent benefit whatever from the drug, and was anxious to give it up; now, however, he is convinced of the good it is doing him, and is anxious to continue it. It may be asked, Why do I think that the improvement is really to be assigned to a remedy that seems to remain so long inoperative? Why may not the apparent benefit be a coincidence, and the drug be really doing him no good whatever? I think the improvement is the work of the iodide for two reasons. In the first place, from the fixedness of the patient's previous condition for a great length of time, no medicines or any other agencies that were brought to bear upon him making any difference in him. In the second place, from this tardiness of the action of the iodide of potassium corresponding with its action in other affections. How long is it, for instance, before it makes any appreciable impression upon a goitre, however complete and satisfactory its results may ultimately be!

I used to think that the benefit derived from iodide of potassium in asthma was entirely due to its beneficial influence in chronic bronchitis, and therefore that the only cases of asthma in which it did any good were cases in which chronic bronchitis and asthma coexisted, and the one was the exciting cause of the other. I am compelled, however, now to abandon that view; for in some of the cases in which its efficacy has been the most striking there has not been a trace of bronchitis.

Another theory that I once held I am also obliged to abandon—namely, that it was of advantage only in those cases in which the asthma was due to a gouty or rheumatic-gouty condition; and that it was by relieving this condition that it relieved the consequent asthma. In two of the cases that I have related this view would be borne out, for there was evidence of gout in both of them; but in the third there was not a trace. Moreover, I have seen cases of true gouty asthma in which iodide of potassium has been of no service.

Of its ultimate and exact *modus operandi* I can neither offer any explanation nor form any reasonable opinion. I am not, however, the less satisfied of its occasional great value, and of the propriety of its use in any case in which it has not been tried.

Montague-street, Russell-square, Jan. 1864.

NORFOLK AND NORWICH HOSPITAL.—The Council of the University of London have decided on receiving certificates of attendance on hospital practice and chemical instruction from the Norfolk and Norwich Infirmary for the purposes of graduation in medicine.

ON TRICHINA SPIRALIS.

By W. MÜLLER, M.D., Homburg.

FOR many years past the Trichina spiralis (class Nematodes) have been found in the muscles of hogs, wound up in a spiral form, and enclosed in chalky capsules; and Dr. Owen discovered and described them in the muscles of men. Professor Zenker, of Dresden, was the first who proved, by a full and exact statement of a case, and a careful and minute post-mortem examination, that the development and wandering of the trichinæ in the human body produce violent symptoms similar to those of typhus fever, and cause, most probably, in many cases, the death of the individual.

Experiments made by Professor Virchow,* of Berlin, and Professor Leuckart, of Giessen, by feeding animals with pork in which were trichinæ, proved the same as Professor Zenker's observations in the above-mentioned case—namely, that the trichinæ, when taken into the stomach, commence almost immediately their development, male and female, and innumerable embryons. The young worms, perforating the intestines, enter the muscles, and, wandering in them, produce the violent symptoms of the disease above mentioned, until they become incapsulated in the muscles, in which state they are innocuous.

In Hettstaedt, a small town in Prussia, containing about 5000 or 6000 inhabitants, a veritable epidemical propagation of trichinæ commenced in the middle of October last, in consequence of the infected persons having eaten a kind of sausage (not thoroughly cooked) made of pork in which were trichinæ.

In some cases small portions of muscles were taken by Middeldorpf's harpoon from the persons infected, and whilst suffering with the disease; and by submitting those portions to microscopical examination trichinæ were discovered in them.

In the evening of the 9th of November last I was summoned by a telegram from the physician of Hettstaedt, informing me that a relation of mine was suffering from the trichina disease; that he had also a pneumonic affection, and was very ill. On my arrival on the following day I found the patient—who previous to the attack was a strong and very healthy man, twenty-three years of age—perfectly conscious, with a slight œdematous swelling of the face. On examination of the chest, a dull sound over about an inch and a half of the lowest part of the lower lobe of the left lung was produced by percussion; crepitating rattles were audible, but there was no bronchial breathing, thus showing the beginning of resolution of the pneumonia; at the lowest part emitting the dull sound there was a slight pleuritic rubbing. The pulse was 140; respirations 48; and the temperature of the body 39° centigrade.

The symptoms of the disease commenced on the 16th of October with loss of appetite and diarrhœa, followed by a sensation of painful weakness in the limbs and difficulty in moving the tongue; the pulse being above 100. The patient was not confined to his bed during the day-time until the 6th of November, when the pneumonic symptoms commenced.

The day after my arrival (Nov. 11th) the pneumonic symptoms were unaltered, with the exception of the pleuritic rubbing, which had moved a little higher up. The whole of the pleuro-pneumonic affection was so very trifling that it certainly did not account for a pulse of from 140 to 150, and for the violent oppression, or rather, as the patient explained it himself, "the weakness in drawing his breath."

The following day the frequency of respiration varied between 30 and 60; the pulse was more than 200, and very weak; the temperature had fallen to 38° 6' centigrade; and the body was covered with a profuse clammy perspiration. The other physical symptoms were the same as before, and the pleuritis had not extended higher. The complaint of weakness in breathing, or, as the patient called it, "the impossibility of drawing a sufficient quantity of air into the lungs," was increased; but he remained conscious and resigned, so much so that he several times asked me at what hour I expected he would die.

At seven o'clock on the evening of the 12th of November he died.

The post-mortem examination, performed on the 13th, proved an infiltration of a part of the lower lobe of the left lung, extending upwards about an inch and a half from the lower margin of the lung, and about three or four ounces of liquid exudation in the pleural cavity of the same side. When examining the

* Vide Virchow's Archiv., vol. xviii. p. 561.

chest and intercostal muscles, I found, in every small piece of the muscle placed under the microscope, trichinæ partly wound up, but not capsulated, partly forming a single sling, and partly extended. In the examined parts of the heart and diaphragm no trichinæ were discovered.

On the day previous to the above-mentioned post-mortem examination I examined with the microscope several small pieces of muscles, which had been taken from the bodies of persons who had died of the disease, and were given to me by the physician of Hettstaedt, Dr. Rupprecht, and I found a considerable number of trichinæ in them.

Previous to my departure from Hettstaedt, eighteen to twenty persons had died of the trichina disease, and more than eighty persons were at that period afflicted with the same malady, produced by the same cause.

According to the information I obtained on the spot, the disease begins, a few days after eating the meat in which there were trichinæ, with loss of appetite, and almost without exception with diarrhœa and fever; œdema of the eyelids; also pain, or at least painful sensation of weakness, in the limbs; œdema of the joints; difficulty in moving the tongue; profuse clammy perspiration: and those patients who do not become convalescent, die either unconscious with symptoms of typhus fever, or, in a few cases, remain conscious to the end, complaining of inability to breathe freely.

The only important symptom of typhus absent in the disease is the enlargement of the spleen, and it is very probable that some of the so-called epidemics of typhus fever in former days were caused by the propagation of trichinæ in the human body.

Since the disease has been known (about three years ago) a great many cases have been observed in Germany.

The vitality of the trichinæ is not destroyed unless the meat or other substances in which they are located be subjected to the temperature of boiling water for a sufficient time to ensure that every particle has been acted upon by that degree of heat. Salting and smoking trichinous meat, as is usually done, does not appear to be sufficient to destroy the worms in all parts of the meat.

Picric acid (acidum picro nitricum) was tried with the hope that it might be administered with success to the patient, but it failed.

In trichinous pork of a pig killed with picrin acid, the worms were found alive.

Homburg, December, 1863.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum, et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. THOMAS'S HOSPITAL.

BAD CASE OF SUICIDAL CUT-THROAT, BETWEEN THE HYOID BONE AND THYROID CARTILAGE; HÆMORRHAGE; RECOVERY.

(Under the care of Mr. SOLLY.)

THE details of the following case, kindly furnished by Mr. Henry Summerhayes, the house-surgeon, speak for themselves, and show what perseverance and care will do even in almost hopelessly bad cases. The plan adopted for feeding and supporting the strength of the patient cannot be too highly commended.

T. M——, a tailor, aged twenty-two, was admitted at half-past eleven A.M. on October 20th, 1863. It appeared from the account given by his friends that he had made the attempt on his life some thirty or forty minutes previous to admission, and had lost an immense quantity of blood. He was blanched, pulseless, cold, and insensible. On removing the towels that had been wrapped round his neck the wound was discovered, deep and clean, comprising the space betwixt the common carotid arteries at their point of bifurcation, quite transverse, passing between the hyoid bone and the thyroid cartilage, and dividing the larynx completely, as well as three-fourths of the pharynx; the epiglottis also was cut through. Some large clots of blood were cleared away from the wound and its edges, after which the carotids could be seen, pulsating very feebly, at the exact margin of the wound on either side. On attempting to introduce a large œsophagus tube by the mouth profuse venous hæmorrhage came on, which was soon checked by pressure with a sponge dipped in iced water. No bleeding point could be detected. On cessation of the hæmorrhage, a smaller tube (size of No. 10 catheter) was passed by the mouth, and two eggs beaten up with two ounces of brandy injected through it. This rallied the patient somewhat; but half an hour subsequently violent retching and sickness came on, some of the vomit being ejected through the wound; the venous hæmorrhage returned, and was checked with greater difficulty. Two enemata were thrown up, but were rejected at once. The tube that had been passed by the mouth was then inserted by way of the left nostril and retained there, for the constant exhibition of liquid food, brandy, arrowroot, &c. He was placed on his back with a small pillow under his neck, and the wound gaping, so that in the event of hæmorrhage arising on the return of a stronger circulation any arterial point found bleeding might be seized at once and tied. In a few hours much hæmorrhage came on, and the anterior jugular vein of the left side was tied at both ends where it was found cut. As the vomiting continued whenever food was given, he was ordered to be fed often and in minute quantities. The plan was fairly successful. He remained insensible far into the night, and was placed under the constant watch of a dresser.

Oct. 27th.—A little colour in cheeks; fully conscious; pulse able to be counted, 130, weak; sickness no longer troublesome, though not completely checked; has had some sleep. Food given every twenty minutes. He was ordered twelve ounces of brandy and eight eggs daily; ice to suck.—Evening: Pulse stronger, 120; a good deal of thin mucus flowing from the wound; patient kept completely screened in, so as to be preserved from draught as much as possible; position unchanged; wound covered with a piece of muslin.

28th.—Pulse 110, stronger; has been sick three or four times to-day; much frothy mucus about the wound.

29th.—Pulse 110, weaker; has had a good night; tube taken out from left nostril, and a second passed by right, as the first was giving some pain; a great quantity of frothy and sticky mucus issues from wound, but the respiration is as yet unaffected.

30th.—The same, but is very peevish and troublesome, wanting his lips to be constantly moistened.

31st.—Better; pulse stronger, 166.

Nov. 1st.—Tube changed back to left nostril; pulse 120, rather weaker.

2nd.—Has slept a good deal during the night; is quieter than he was; no chest symptoms; much sticky mucus about the wound; pulse 120; dresser's watch abandoned.

10th.—Has gone on tranquilly; has had some pain in the chest, with other signs of bronchial inflammation; not so much mucus discharged by the wound; pulse 96.

24th.—Fresh tube in left nostril; edges of wound healthy; granulation and contraction; not so much discharge; some union of pharynx from behind forward; none of larynx.

28th.—Has gone on well since last report; still much mucus from the wound. An attempt to swallow food by the mouth failed, the food passing out by the wound, and causing much irritation; pulse quiet, weak, 80.

Dec. 5th.—Lips of wound nearly closed; cannot pass finger into pharynx; no union of larynx; takes his food without much difficulty; can speak so as to be well understood, though in a hoarse and croaking manner. His diet was gradually changed—the excessive stimulants dropped, and solid food, meat, &c., given instead; and on the 28th he was discharged, with little deformity left. Still a small central hole leading into larynx, and thence into pharynx (probe size); thyroid cartilage very prominent; some difficulty in swallowing large solid pieces of food; liquids pass sometimes the "wrong way," and a few drops may show at the external aperture; most inconvenience when his head is upright; accordingly he walks with his head a little bowed; is pale, but moderately strong; voice natural; no cough.

MIDDLESEX HOSPITAL.

OPERATION FOR FISTULA IN ANO; INTERNAL PILES AND FISSURE OF THE ANUS IN A PATIENT FOUR MONTHS ADVANCED IN PREGNANCY; SATISFACTORY RESULT.

(Under the care of Mr. GEORGE LAWSON.)

ALTHOUGH it is a rule to avoid surgical operations during the period of gestation, yet occasionally patients present themselves when either the rapidity of an abnormal growth or intense suffering calls for immediate surgical interference, and such instances we have occasionally recorded in our "Mirror." In the case we now publish it was the intolerable pain which made the woman seek surgical relief, and express herself willing to undergo any risk to obtain it. A fistula, internal hæmorrhoids, and a fissure, together caused so much suffering that she could get ease in no position, and every evacuation of the bowels was attended with positive agony. Mr. Lawson considered that a continuance of the irritation was more likely ultimately to produce miscarriage than an operation under the influence of chloroform, which would speedily give her relief.

E. C——, aged thirty-four, married, a dressmaker, applied to the hospital on November 8th, on account of the continued and great pain suffered at the lower portion of the rectum, which, at each evacuation of the bowels, became, she said, almost intolerable. She was four months advanced in pregnancy.

On admission there was great fulness of the lower portion of the bowel and of the neighbouring tissues. On the left side was a fistula, which ran up by the side of the bowel for two inches, but did not communicate with it. There was also a fissure of the anus and some internal piles.

Nov. 11th.—The patient having been put under chloroform, Mr. Lawson placed a double ligature on a large internal pile, and then laid open the fistula into the bowel, evacuating at the same time the contents of a large abscess with which it communicated.

12th.—With the aid of opium she has passed a good night, and the operation has produced no apparent irritation of the uterus.

The patient progressed most favourably for the first four days, when she began to complain of pain and heat at the lower portion of the bowel.

19th.—The pain and inconvenience she has suffered the last few days is accounted for by a small abscess in each ischio-rectal fossa, both of which were freely opened.

From this date all went on well; the wounds speedily granulated and healed, pregnancy proceeded uninterruptedly, and the patient was discharged on Dec. 21st convalescent.

WESTMINSTER HOSPITAL.

REMARKABLE CONSTRICTION OF THE ENTIRE TRACHEA AND LARGE BRONCHI, WITH THICKENING OF THEIR WALLS, ASSOCIATED WITH FIBRINOUS GROWTHS IN THE LARYNX, WHICH WERE SEEN WITH THE LARYNGOSCOPE; TRACHEOTOMY; INABILITY TO GET IN A TUBE; FATAL RESULT.

(Under the care of Dr. GIBB and Mr. HOLTHOUSE.)

WE have never lost an opportunity of placing upon record in our "Hospital Mirror" any case that presented interesting and rare peculiarities, or that was likely to afford information or throw light upon doubtful points of pathology. Diseases of the larynx have been freely illustrated, more particularly to show the value of the laryngoscope in diagnosis. Lesions of the trachea, on the other hand, are comparatively seldom met with; and in the description of the difficulties of the operation of tracheotomy by many of our first authorities, the circumstance of constriction of the tube appears to have been wholly overlooked. Can it be that such a peculiarity has escaped observation, or do none of our numerous and pathologically rich museums possess such specimens? In the last volume of "Guy's Hospital Reports" are plates representing constriction of the trachea at one point from syphilitic disease, and contraction of a bronchial tube from a syphilitic ulcer, also at one point. These with others illustrate a valuable paper on the Syphilitic Affections of Internal Organs by that indefatigable observer, Dr. Wilks. Although familiar with most of the specimens of laryngeal disease in the London museums, we do not remember having seen any specimen wherein the trachea was constricted from end to end, as in the following case, with extreme hypertrophy of its walls, at the expense of the natural calibre of the tube. We have in mind some four or five instances of isolated points of constriction, such as Dr. Wilks has described, but not of a general nature. Such a circumstance as that about to be described is sufficient to attract attention; but the interest of the case is increased by other peculiarities, which render it at present unique in the annals of medicine. The patient was admitted with a noisy respiration, depending upon smooth, shiny growths of the larynx, diagnosed during life with the laryngoscope, and which were supposed to give rise to attacks of dyspnœa. In one of these it was necessary to open the trachea, and, to the dismay of the surgeon, a tube could not be inserted. Here was an unexpected and unlooked for complication, sufficient to tax the resources of the most skilled. As not the smallest tube could be introduced, nor a catheter borne from the irritation it produced, the patient was left to breathe through the opening made, and succumbed the same night.

The particulars of the autopsy explain the cause of the difficulty, which was surmised when the tube could not be passed. The remarkable complications present in this case—laryngeal growths, constriction of the entire trachea and both larger bronchi, with great thickening of their walls—will long render it one of the most remarkable that has ever been placed upon record.

The subjoined notes were furnished by Mr. W. Gandy, house-physician to the hospital:—

C. R. M——, aged twenty, was admitted into Burdett ward on the 22nd December, 1863, under the care of Dr. Gibb. He had been previously a patient at the Hospital for Diseases of the Chest, Victoria Park, under the care of Dr. Thorowgood, who, recognising the presence of serious laryngeal mischief, sent him to Dr. Gibb. A difficulty of breathing and a stridulous noise had existed for twelve months, with cough and expectoration. He had lost his voice several times for weeks together, which he attributed to colds. On admission, there was severe dyspnœa, with a stridor or roughness on inspiration, some pain and severe constriction about the larynx, and a feeling of oppression at the upper third of the sternum, where he frequently placed his hand. His aspect was pale and wan; the features were drawn up with an anxious and careworn expression; he looked not more than sixteen, although twenty years old; was much emaciated; and his hands were long and thin, with clubbed fingers. He had a hard cough, with expectoration of a thick viscid mucus tinged with blood; the breathing was laboured, causing a peculiar croaking sound with each inspiration; at every paroxysm of coughing he had much pain in the lower part of the trachea, and great difficulty in expelling each pellet of mucus. There was harsh breathing in the apices of both lungs, and the breath sounds generally were remarkably feeble, as if the free entrance of air was somewhat obstructed. The laryngoscope revealed a partially pendent and lopsided epiglottis, with the presence of growths on the right side of the larynx above the true vocal cord. When the larynx was expanded, both of the true cords could be seen, and the voice, although feeble and somewhat hoarse, was quite audible. During forcible expiration these growths were prominent, and appeared to occupy the position of the right false vocal cord, extending forwards to the root of the epiglottis. They were seen by Mr. Gandy (the house-physician), Mr. Holthouse, Mr. Firth, and several of the pupils on various occasions; and the annexed woodcut gives the appearance they presented.

a, The growths occupying the position of the right false vocal cord. The left true vocal cord is seen on the opposite side. b, The lopsided epiglottis. c c, The arytenoid cartilages. d, The back of the tongue.

He was also examined at the hospital two days before his admission. No growths were seen below the cords, and the symptoms were believed to depend chiefly upon those present in the larynx, but they did not explain the feebleness of the

breath-sounds. The dyspnœa was so great at times as to oblige him always to remain in the prone position. He had no dysphagia. There was no history of syphilis, although the disease was suspected from ulceration and purulent secretion of the left nostril. He was ordered a mild pectoral mixture, and iodide of potassium thrice a day; a solution of tannin to the larynx; and nourishing diet.

He improved a little, but the dyspnœa was still urgent and the cough became distressing. New-year's day Dr. Gibb had appointed for removing the growths, but about two o'clock in the morning he was suddenly seized with extreme dyspnœa; so urgent, indeed, that Mr. Holthouse was sent for, and tracheotomy was performed at four o'clock; but all his efforts to get in a tube failed. A gum-elastic tube some inches long, and the size of a No. 10 catheter, could be introduced; but it caused the patient so much irritation that it was withdrawn. A portion of the front wall of the trachea was removed, and the patient was left. At the usual hour of the visit, fresh attempts failed to get in anything, and it was clear that the trachea was much constricted. Dr. Gibb observed that the air scarcely entered, and the breathing was quite inaudible over the bifurcation of the trachea and larger bronchi. The patient died at a quarter past nine in the evening, chiefly from asphyxia.

Autopsy, seventeen hours after death.—The lungs were engorged with blood, with a few scattered miliary tubercles here and there quite recently deposited; the liver had one or two small white nodules on the surface; the genital organs appeared natural, as well as the other viscera. The tongue, larynx, trachea, and bronchi were removed for careful examination. The œsophagus was healthy. The epiglottis, from its root to half way upwards on either side, was occupied by a number of flattish, fibrinous bodies, which partook of the character of warts; two or three, the size of small peas, smooth and round, were present on the right side of the larynx, involving the false vocal cord, and were those seen during life. The ventricles of the larynx were unobliterated, and the larynx was unobstructed below the vocal cords; the mucous folds everywhere, but especially the aryteno-epiglottic, were very loose. The trachea was greatly thickened, and its tubal diameter much contracted; the anterior walls about its middle were half an inch thick, thinning upwards, but less so downwards. This thickening involved the right bronchus, and slightly the left. About half an inch from its commencement the contraction began, and below the wound its diameter was a quarter of an inch, and this continued nearly all the way to the bifurcation, where even the walls were two lines thick. The diameter of the left bronchus at its commencement was about two lines, and its lining membrane was intensely inflamed, with several ulcerated patches. The rings of the trachea could not be distinguished from within, for the whole of its interior was irregular and uneven from fibrinous deposit.

The trachea laid open from behind. *a*, The opening of the operation. *b b*, The walls greatly thickened, and drawn of the natural size.

Horizontal sections of the trachea in different parts of its course.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JAN. 12TH, 1864.

MR. PARTRIDGE, PRESIDENT.

A CASE IN WHICH THE LEFT OVARY WAS FOUND IN THE SAC OF AN OBLIQUE INGUINAL HERNIA, OCCURRING IN A YOUNG WOMAN; WITH REMARKS.

BY HOLMES COOTE, ESQ., F.R.C.S.,
SURGEON TO, AND LECTURER ON SURGERY AT, ST. BARTHOLOMEW'S HOSPITAL.

A YOUNG woman was brought into St. Bartholomew's Hospital with a swelling in the left groin, and suffering from the symptoms of strangulated hernia. In the course of a few hours the usual operation was performed, when the ovary and the Fallopian tube were found in the sac. A similar malposition of parts was subsequently noticed on the opposite side of the body. The left ovary was removed, some thickened omentum cut away, and the patient was put to bed; but the sickness and constipation continued, and she died four days after the operation. The cause of the sickness &c. was displacement of the stomach and transverse arch of the colon.

Mr. Coote raises two questions:—

1. Was the displacement of the ovaries congenital, or the consequence of the hernia? He inclines to the former opinion.

2. The woman stated that she had always menstruated regularly. Now, on the examination of the body, it was found that both ovaries were *well developed*, and that the formation of the Graafian vesicles was going on naturally; but the Fallopian tubes were quite impervious, the uterus was completely absent, and the vagina was a short canal—an inch and a half in length, and terminating in a thin membrane. She said that she had been menstruating the week before her admission; and some of the female attendants at the hospital noticed the usual marks, though faint, upon her dress. Are we to admit the possibility of menstruation under this abnormal condition of parts?

Mr. PARTRIDGE said it was a very interesting question to decide whether menstruation occurred, as was stated, under such circumstances as obtained in Mr. Coote's case, or whether it was merely a vicarious action. There was another question, of great importance in a moral point of view, which presented itself to surgeons in such cases. Were they justified in emasculating, as it were, a woman in whom the ovaries were thus involved? A case had lately come under his care in which a difficulty of this kind existed. The patient was a male child, with the parts of generation so imperfectly developed that it was mistaken for a female, and christened and educated as such. It was discussed whether the testicles should be removed. The surgeon in attendance thought that they should, as their removal would be advantageous to the child in assisting it to keep up its assumed sex. Mr. Partridge decided, however, that the operation was not justifiable, and it was not resorted to. Mr. Partridge then referred to two cases in which the uterus was absent: the one was an unmarried, the other a married woman. In each the vagina was short, but the clitoris, ovaries, and breasts were fully developed. In neither of these cases had there been any menstruation.

Mr. CÆSAR HAWKINS observed that the paper before the Society opened two interesting questions—one in relation to the operation of hernia, and one of physiological importance. Now, in hernia scarcely two operations were found to be precisely similar. He had met with two cases in which the ovary was found in the hernial sac. In one of these the patient was an elderly woman, and died of peritonitis. The Fallopian tube and ovary had been for many years in the hernial sac, and by their position had produced an elongation of the greater portion

of the uterus, which with the Fallopian tube formed a canal of about fourteen inches in length. The other was a case of inguinal hernia in a lady. In the sac the Fallopian tube and ovary were found shrivelled up. In these cases he thought the better practice was to leave the ovary in the sac, as its removal was attended with danger. With regard to the statement of Mr. Coote's patient, that she had regularly menstruated, he (Mr. Hawkins) was sceptical. Cases were recorded in which there was no uterus, and no true menstruation, and he thought this was the invariable rule. Mr. Hawkins then referred to the case of a lady without a uterus who had consulted him, and he mentioned, by way of caution, that she had been operated upon twice by different surgeons, under the impression that there was some mechanical obstruction to the catamenial discharge. Something was cut through on these occasions, but of course without beneficial result.

Dr. GRAILY HEWITT considered the case related by Mr. Holmes Coote to be one of very great interest. It was a most unusual circumstance for a menstrual-like discharge to be noticed in cases of absence of the uterus; and, so far as he was aware, there was not a single instance of the same kind on record. Admitting the correctness of the statements made in the paper, the case was unique. He did not consider it absolutely impossible for a menstrual-like discharge to be noticed periodically in cases where the ovaries were carrying on their function; but the discharge would be in such a case, as the President had suggested, a "vicarious" one. That menstruation, in the proper sense of the word, was dependent on ovulation, physiological facts had long ago proved; and in cases of absence of the uterus, the ovaries often, as in Mr. Holmes Coote's patient, went on exercising their function. It was interesting to find that positive evidence of ovulation was present in Mr. Coote's case—viz., the cyst-like cavities in the ovary distended with a grumous like fluid. These cases were very rare. He was consulted about three years ago respecting a young lady, a governess, who was about to be married; but there never having been any menstruation, it was thought right to obtain a professional opinion on the matter. He found the vagina merely a cul-de-sac, only admitting a probe a short distance, and no uterus could be found on very careful examination. In this case there had been on two or three occasions a menstrual issue, showing that the ovaries were in a certain state of activity; but not the slightest appearance of menstruation had ever been observed. It was needless to add that, in this instance, any kind of operation was out of the question.

Mr. HULKE inquired what signs or symptoms had induced Mr. Coote to operate in his case, and to suspect that the ovary was present in the hernial sac? He (Mr. Hulke) had seen an instance in which Mr. Lawson had removed the ovary from the right groin of a servant girl; this at every menstrual period became inflamed and tender, and caused her much suffering. The removal was effected without difficulty, and the patient made a good recovery.

Mr. SPENCER WELLS said that the question raised by Mr. Hulke, as to the means of recognising an ovary when it formed part of a hernial tumour, had once come before him (Mr. Wells) in consultation. An old lady had a large labial hernia on the left side, irreducible, consisting chiefly of omentum, but containing a hard body, which was supposed to be the ovary, as there was a clear history of pain and swelling several years before at every menstrual period. All doubt was set at rest by the fact that when the uterus, which was in its natural situation, was moved, the movements of the uterus were communicated to the displaced ovary. On the right side there was no hernia; but a hard body, like an atrophied ovary, could be felt in the labium. Cruveilhier had noticed the not unfrequent presence of the ovaries in the inguinal canal or labia of old women; and, when they were found on both sides, the malposition might probably often be congenital.

Mr. SAVORY, in the absence of Mr. Coote, said that in the case under discussion the symptoms of strangulation were of a constitutional rather than of a local character—such as vomiting, constipation, prostration, &c. The tumour resembled a testicle; but, as this was of course impossible, it was concluded that it was the ovary, and this was found to be correct.

THE ROYAL COLLEGE OF SURGEONS.—The Council will meet this day (Friday) to elect an Examiner in the vacancy occasioned by the death of Mr. Green, when it is generally expected that the choice of the Council will fall on Professor Hilton, F.R.S., in which case a vacancy will be created at the University of London.

Reviews and Notices of Books.

A Practical Treatise on the Diseases and Infirmities of Advanced Life. By DANIEL MACLACHLAN, M.D. pp. 718. London: Churchill and Sons.

DR. MACLACHLAN is a veteran physician. He has been in practice for thirty-six years, and has had a long experience in the treatment of disease amongst the aged and infirm. He has been placed for the last twenty-three years in an admirable position for studying the diseases and infirmities of the aged as physician and senior medical officer of Chelsea Hospital, having upwards of five hundred aged people constantly under his eye, all of them being invalids in the strictest sense of the term. Very few of these aged patients were below fifty-five years of age; most of their ages varied from sixty to ninety and upwards. And having from amongst this number daily between sixty and eighty actually under treatment,—the mortality of the whole establishment averaging above *thirteen per cent. per annum*,—the means which Dr. Maclachlan has enjoyed of investigating and treating the diseases of advanced life have been very great. "To whom much is given of them much shall be required;" and while our author desires to fill up a gap in medical literature, he is also conscious of the duty of rendering an account of his stewardship: for he "considers it a duty everyone owes, who has possessed the advantage of having been long attached to a public institution, to give his fellow-labourers in the profession the results of his individual experience and observation, more particularly when that has been of a somewhat special nature." This volume, therefore, combines the records of the extensive personal experience of the author with the information which he has been able to bring together of a physiological and pathological kind relative to the class of patients and their diseases which it is the object of this work to illustrate. By the publication of this work Dr. Maclachlan has achieved a great and good result. The swift course of time, through more than a quarter of a century, has contributed to correct, mature, and perfect his experience as much as the nature of our science will permit within the limits of a lifetime—too short for the great work that opens up to the energies of every conscientious physician. "Like the stern lights of a ship at sea," this book "illumines the path" which has been passed over by its author throughout a long career of usefulness in promoting the "cure of old age" and in relieving the infirmities of the aged. To the general practitioner it must be a valuable one; and to the student of the natural history of diseases the material which the work contains is not less useful and important.

The treatise relates to the pathology and treatment of the diseases and infirmities of advanced life; and the design of the work is that of a practical clinical guide by one who desires to read the lessons of experience to his fellow-practitioners that they may profit thereby. He has furnished a plummet to measure the depth of our medical diagnosis in all the diseases and infirmities of advanced and advancing age. He describes the maladies of the aged as he has met with them in the hospital, parochial or private practice, and also as they have been represented by credible authors. He portrays morbid appearances after death where they differ materially from those usually observed in the adult, and in all diseases strictly senile they are more or less fully described.

The records of English medical literature are somewhat deficient as regards the hygiene and diseases of old age; and while the author of the work under notice fully recognises the writings of his predecessors on the important subjects of which he treats, he has given to the profession, in an accessible form, blended with his own experience and observation, the scattered information and the floating knowledge which exist relative to the diseases and infirmities of old age.

The work is arranged into nine parts. The first is introduc-

tory, and is subdivided into three chapters, the first of which treats, in three sections, of the anatomy, physiology, and psychology of advanced life. Sect. 1 concerns the body; Sect. 2, the mind; and Sect. 3, the duration of human life and the rarity of death by old age. In the second chapter of this introductory part the general principles as regards the pathology of the diseases incident to advanced life are considered, as well as the remedial and preventive treatment of them. The third chapter relates to climacteric disease—the decay of nature, or the breaking up of the constitution. Dr. Maclachlan regards climacteric disease (as originally described by Sir Henry Halford, Sir James Clark, and others) to be extremely rare as an idiopathic or distinct affection:—

"Many years ago, imbued by the description given of it by Sir Henry Halford, I imagined that I had met with it in numerous instances; but I soon found that in those cases terminating fatally, and which I had set down in my own mind as climacteric decay or disease, death was the result of some latent affection of long standing, hidden from observation by the absence of its ordinary symptoms, the most frequent being tubercular disease of the lungs, organic disease of the liver, or cancer of one or more of the external organs; and in cases terminating favourably recovery took place after the subsidence of a coexisting malady, such as a dyspeptic, bronchitic, or gouty attack. It is the engrafting of some malady on the senile constitution, premature or delayed, that forms a part, and no unimportant part, of the disease. I am satisfied that, until of late years, granular degeneration of the kidney occurring in elderly people, without anasarca, must have frequently been put down as climacteric disease."—pp. 66, 67.

With the second part commences the account of the diseases described in the book, beginning with Diseases of the Nervous System, which are considered in ten chapters. The first chapter gives an account of the senile anatomical characters of the brain and nervous system generally; and in the succeeding chapters we have excellent accounts of meningitis, acute and chronic hydrocephalus senilis, œdema of the brain, vertigo, epilepsy, apoplexy, softening of the brain, hemiplegia, paraplegia, and paralysis agitans.

"Next to diseases of the respiratory organs, the diseases of the nervous centres constitute the largest number of admissions of an important nature into hospitals allotted to the old. The mortality they occasion is very great; and it is as singular as it is interesting, that the ratio of deaths from disease of this system very nearly corresponds at both extremes of life, though the diseases are different in character and frequency."

In the returns of the Registrar-General, softening of the brain is not specified separately. Many of the deaths attributed to apoplexy, paralysis, and epilepsy, are due to this disorganization, the frequency of which in advanced life and old age is so great that it is justly regarded as almost especially a disease of advanced years. Meningitis also, Dr. Maclachlan believes, would figure prominently in the Registrar-General's returns, as fatal to many persons beyond fifty years of age, if greater precision were attainable in the records of diagnosis.

In noticing the diminished susceptibility to convulsive affections or purely spasmodic diseases in advanced life, whooping-cough is nevertheless recorded in a man of fourscore years. In him the paroxysms were severe and frequent; and though he ultimately recovered, convalescence was tedious. It is recorded also that the late Dr. R. B. Todd once attended a man and his wife, both above seventy, with this disease. They both recovered.

The third part treats of Diseases of the Respiratory Organs, and is arranged into nine chapters. In the first chapter the anatomical and physiological characteristics of the respiratory organs in the aged are considered; the modifications of the physical signs being described in connexion with the principal diseases. Then follows a description of acute bronchitis, senile catarrh, chronic catarrh or winter cough, bronchorrhœa or catarrhal phthisis, pneumonia, pleuritis, phthisis, and asthma. The author recognises that the catarrhal variety of acute bronchitis has a determinate duration, and that too much must not be attempted in its cure. A bland diet, abstinence from wine and fermented liquors, and confinement to bed, will in general be sufficient to remove the symptoms. He recognises, also, that many cases of this description are speedily cured by a totally opposite mode of treatment—namely, by the use of stimuli. "In the absence of all feverish tendency I certainly know of no better treatment than a foot-bath, a glass of whisky or brandy toddy, and six or eight drops of laudanum with two or three drops more of chloric ether." The practice, however, requires consideration, as Dr. Maclachlan justly observes, and should seldom be left to the judgment of the individual himself. The treatment of more severe cases is given with great fulness of detail.

In his excellent account of pneumonia, Dr. Maclachlan enters at length into the vexed question of bloodletting, and finally expresses himself as follows:—

"Having thus stated the views of others as well as my own on this highly important question, I am once more anxious not to be misunderstood. Although I have recommended bleeding in sthenic pneumonia occurring in vigorous constitutions, irrespective of age, still I feel bound to observe that the cases requiring and admitting it are in reality few. Occasionally a succession of cases occur in which bleeding appears to be imperatively demanded; but, on the other hand, still more frequently we dare not bleed. Of late years these cases have been increasing. A low form of pneumonia, not exactly of the adynamic type, is more common than it used to be, and for one case now suited to bleeding we meet with at least a dozen that would be injured by it. In the autumn of 1860 and winter of 1860–61, out of at least twenty cases I have not once bled or felt called upon to bleed. My views of the proximate nature of the disease are not changed. It is not here as in apoplexy, in the pathology of which our knowledge has greatly extended. I believe that, if there is any disease more than another likely to be benefited by bloodletting, or which pathologically and physiologically suggests and warrants this measure more than another, it is acute sthenic pneumonia occurring in sound constitutions. Inflammatory diseases have changed their type, or the powers of the system are now-a-days less vigorous than formerly, and succumb more speedily, decidedly, and unresistingly to loss of blood and active treatment. Thirty years ago and upwards bleeding was the sheet-anchor in most inflammatory diseases, and in none more extensively and more successfully employed than in pneumonia; but disease has assumed a different character, and the attentive observer knows full well that, as Sydenham long ago pointed out, there are certain years and certain seasons in which active measures, and bloodletting in particular, can neither be had recourse to with benefit nor safety. We are now in this cycle or 'constitution.' It is protracted, and has long been oscillating, though seemingly ever advancing; and if it go on advancing, the present generation will live to see bleeding expunged from the list of remedies in this as in most other diseases. The next may see fit to revive it."

The fourth part treats of Diseases of the Organs of Circulation, and is arranged into six chapters. There is much interesting matter in the first chapter regarding the anatomical characters of the heart and arteries in the aged, concerning white spots on the pericardium, and also on points relating to physical diagnosis. The heart seems the only organ of the body which does not partake of the wasting so general in advanced life: it neither diminishes in bulk nor in weight with the individual, but, according to Bizot, goes on increasing in all its dimensions—length, breadth, and thickness—up to extreme age. No reference is made to Dr. Boyd's valuable and extensive observations relative to the weight of the organs of the body, and recently published in the "Transactions of the Royal Society." They confirm the observations of Bizot and the other observers quoted by Dr. Maclachlan. The same law obtains with the arteries, the thickness of their parietes and their calibre increasing indefinitely with age. The chapters on pericarditis, endocarditis, organic disease of the heart, softening and fatty diseases of the heart, and angina pectoris, are of great interest and value.

The fifth part concerns Diseases of the Digestive Organs, and is arranged into thirteen chapters. In them the general prac-

titioner will find many useful practical suggestions for the treatment of functional and organic diseases connected with the abdominal viscera.

The remaining parts of the volume (VI., VII., VIII., and IX.) treat of Diseases of the Biliary Organs; of the Urinary Organs; of the Skin; and of Constitutional or Blood Disease. They contain much valuable material. Regarding scorbutus, our author observes that, in every case which has come to his knowledge amongst the aged inmates of Chelsea Hospital, the disease has been clearly traced to the disuse of vegetables; and it cannot be too strongly impressed upon the mind of the practitioner that "the depressing influence of long confinement in the impure air of an hospital, or the exhaustion occasioned by chronic disease, will, even with all the apparent advantages of a substantial diet of animal food with stimulants, but without a due proportion of vegetables, deprave the blood and induce scorbutus. One of the worst cases of the disease treated in Chelsea Hospital appeared in a man seventy-eight years of age, who was at the time in the infirmary with chronic bronchitis, and who had been under treatment, and chiefly living, for upwards of twelve months, on mutton chops, rich animal broth with pot-herbs, tea with bread-and-butter, a variety of puddings, such as rice, bread, and custard—a diet, in short, only deficient in a wholesome supply of vegetable matter, the addition of which speedily arrested the disease. There is scarcely an hospital, asylum, or workhouse," Dr. Maclachlan remarks, "in which an experienced observer will not find several examples of the disease in a mitigated or incipient form, occasionally so mild that general debility and pallor, with or without a spongy condition of the gums, alone characterize it, so that it frequently advances for some time unsuspected. The accidental omission of a sufficient supply of vegetables from the dietary, or their rejection by the patient, is then almost invariably the cause of these symptoms."

The length to which this review has extended is a measure of the importance which we attach to the material brought together in Dr. Maclachlan's work. We have read it through with much pleasure and profit, and heartily commend it to the notice of the general practitioner.

THE MEDICAL COMMITTEE ON PRISON DISCIPLINE.

In The Lancet of Aug. 8th, 1863, we called attention to the Report of the Committee of the House of Lords on prison discipline, and particularly to that part of it which expressed their inability to recommend a new scheme of dietary, and their recommendation that a commission be appointed to make the scientific inquiries necessary for such a purpose. We had hoped much from this conclusion of the committee, since it had been proved by the evidence of scientific witnesses that such preliminary experiments must be made before a final and uniform dietary could be devised; and, moreover, we hoped that it would greatly tend to the increase of sound knowledge in the science of dietetics. Hence we regret to learn that this important recommendation has not been acceded to, but that a medical committee, composed of officials who have general knowledge respecting prison discipline, but none of a special kind in reference to the scientific questions involved in dietaries, has been appointed in its place.

One of the early acts which have accompanied the appointment of this committee is the issue of a circular to the visiting justices of county prisons inviting an expression of opinions as to the sufficiency or insufficiency of the dietary in use at the jails to which they are attached, and as to the occurrence of diseases from insufficient food; and they are desired to confer with the surgeon to the jail before writing the answers to the questions—a copy of which will be found below. The opinion of laymen upon a question which is essentially medical can be of little value, and the subordination of the medical opinion is to be regretted; for although the surgeon is invited indirectly to state whether he concurs in the answers or not, it is less likely to obtain his independent consideration than if the request had been made directly to himself.

The list of diseases to which reference is made in the circular indicates a want of mature consideration. Thus diarrhœa and dysentery are now in this country far more likely to be caused by season and locality than by food. Scurvy can scarcely occur with any dietary which the public intelligence of the day would sanction. Scrofulous enlargements and ulcers will probably be due to pre-existent constitutional conditions; and boils and carbuncles may occur with the best dietary. So that of the whole list, only "general failure of health and strength" has any practical bearing upon the effect of the existing dietary and discipline in jails. Further, it seems to have been forgotten that in county jails by far the greater number of prisoners are sentenced for periods not exceeding six weeks, and hence, with a dietary in any degree approaching to the necessities of the body, the steps in the failure of health and strength will not be very marked, and, to common observation, would be difficult of detection.

Such questions must have been proposed by those as accustomed to the routine of convict prisons, with their long terms of imprisonments, as uninformed of the conditions in county jails; and it is scarcely conceivable that the results of the inquiry can advance knowledge.

But a perhaps more singular anomaly yet remains to be stated. In addition to the above-mentioned information, the justices are requested to describe the dietary in use at their several jails in a form fitted only for that which is known as the Government scheme, and which contains five clauses, each one referring to a special duration of imprisonment or amount of labour exacted. If this had been proposed by one familiar with the dietary in county prisons, we should assume that the scheme of dietary was in universal use; but in truth this Government scheme has been adopted by scarcely one half of the county and borough jails, whilst the remaining prisons have varied their schemes, so that some have only one, others only three scales, &c.; and these differ of necessity from the Government scales in the duration of imprisonment and the amount of labour to which each refers. Hence how can the dietary in these jails be entered at all in the form provided? and if it should be entered, does it not follow that the results of the whole inquiry will be a tangled web of truth and error, from which no trustworthy deductions can be made?

Questions proposed.

1. Is the separate system adopted at your prison? And if so, to what extent?
2. In your opinion, are the several dietaries in use in your prison sufficient, and not more than sufficient, for the maintenance of health and of a capacity for labour?
3. Are there any of the dietaries to which you especially object as more than sufficient for these purposes?
4. Are there any to which you object as insufficient for these purposes?
5. Have your prisoners ever suffered from the diseases usually ascribed to insufficient diet—viz.:
   - A. Diarrhœa.
   - B. Dysentery.
   - C. Scurvy.
   - D. Scrofulous enlargements or ulcers of the neck or other parts of the body.
   - E. Boils and carbuncles.
   - F. General failure of health and strength.
6. If any of these diseases have at any time prevailed among the prisoners, were they attributed by your medical officer to the dietaries or to some other cause or causes; and what, if any, other causes?
7. Did the diseases in question occur during a winter of unusual severity, or while epidemics were prevailing?
8. Did similar diseases at the same time prevail amongst the population outside the prison?
9. Please to fill in the annexed dietary at the foot. You are requested, before answering these questions and filling up these forms, to consult with your medical officer, who will state whether he concurs with you in the answers given.

THE LANCET.

LONDON: SATURDAY, JANUARY 23, 1864.

THE addition of a new disease to the already enormous catalogue of the ills to which flesh is heir, can hardly prove a source of congratulation, the more especially if it happen to be one of the most loathsome which has yet been made known or conceived. But in calling attention to the newly-recognised "trichina disease," to which we have already recently had occasion to advert as to a subject of great interest and importance, we have at least the satisfaction of knowing that we have here not a malady absolutely new, but only possessing features of novelty in so far as by the recognition of its singular and painful cause we have made a great step towards ensuring its prevention; for this is one of the diseases which is to be averted rather than cured.

As some of our readers now know, the trichina disease is a febrile disorder depending upon the lodgment and migrations in the human body of multitudes of a microscopic worm (Trichina spiralis), which find their way into the economy through the eating of pork infested with the parasite, and pass in crowds from the intestines to the muscles, where they become encapsuled.

The history of this worm, its migration, and the disease it causes, is a marvellous chapter, yet very imperfectly known, in vital philosophy. The disease is one of which the reality and the serious importance cannot be contested. Dr. MÜLLER, a German physician, sends us in an original paper, which we publish in another column, a most careful observation of the symptoms of the disease, watched by him in a recent *epidemic* of the trichina fever in Hettstaedt, a small town in Prussia containing about 6000 inhabitants, which commenced in the middle of October last, in consequence of the infected persons having eaten a kind of sausage (not thoroughly cooked), made of pork in which were trichinæ. Some account of this epidemic has already appeared in several of the public journals, and it has necessarily created a profound impression; for in this small population eighteen to twenty persons had died from the disease, and more than eighty persons were at one period afflicted with the same malady, produced by the same cause.

The evidence of the nature of the disease is of the most positive and irresistible kind. In all the cases examined the worm is found by microscopic examination in immense numbers in the muscles inspected, whether the examination be made by *harpooning* small portions of muscle during life—when a piece of living muscle the size of a hemp-seed has been found to contain no less than seven trichinæ—or by the post-mortem examination of the muscles, which discovers everywhere numbers of these pernicious worms. The symptoms of the disease are well marked. In this most recent outbreak at Hettstaedt they are thus described by our contributor, Dr. MÜLLER:—

"According to the information I obtained on the spot, the disease begins, a few days after eating the meat in which there were trichinæ, with loss of appetite, and almost without exception with diarrhœa and fever; œdema of the eyelids; also pain, or at least painful sensation of weakness, in the limbs; œdema of the joints; difficulty in moving the tongue; profuse clammy perspiration: and those patients who do not become convalescent, die either unconscious with symptoms of typhus fever, or, in a few cases, remain conscious to the end, complaining of inability to breathe freely.

"The only important symptom of typhus absent in the disease is the enlargement of the spleen, and it is very probable that some of the so-called epidemics of typhus fever in former days were caused by the propagation of trichinæ in the human body."

Similar symptoms were observed and described in an outbreak at Planen in Saxony, where from twenty-five to thirty persons were affected; and at Magdeburg, where the disease is said to have prevailed during five summers, but at first not to have been recognised. A symptom on which other observers than Dr. MÜLLER have laid much stress, but to which he does not allude, is excessive and singular muscular pain, generally through the body, but especially in the calves of the legs, which become hard and swollen. This was so noticeable at Magdeburg that the disease was called Scleroma adultorum. In a very remarkable case recorded by Dr. FRIEDREICH of Heidelberg, where there were these excessive muscular pains, and the calves of the legs are described as being "hard and elastic, with a feel almost of india-rubber," the disease was diagnosed during life. The patient, who was treated with picro-nitrate of potash, slowly recovered.

"The muscles (calves of the legs) were harpooned several times. The first time was about twenty or twenty-one days after the commencement of the attack: although a piece of muscle only about the size of a hemp-seed was taken out, no less than seven trichinæ were found. Ten days later other harpooning showed no trichinæ; but seven days after this a living, but not encapsuled, trichina was found; and four days after this an encapsuled worm was discovered. Seventeen days later, when the patient was quite well, the search for trichinæ was fruitless. The muscular fibres were not inflamed, but were fattily degenerating rapidly. A very extraordinary discovery was that a trichina was found in the pus of one of the boils, so that Friedreich asserts that the furunculoid disease was caused also by a wandering of the worm beyond its usual site. The patient had been engaged in killing pigs the week before his illness, and had often held his bloody knife in his mouth, and had also eaten raw some of the bits intended for sausages."*

We might be well satisfied to take comfort from the observation that these terrible records are from German sources, and that the sausage-eating propensities of the Germans may perhaps explain how they suffer from a parasitic disease non-existent here. There are, however, some important facts bearing upon that view of the case which cannot be safely disregarded. In the first place, the Trichina spiralis was originally discovered in the human body in 1835 by a distinguished English observer (Professor OWEN) in a specimen of human muscle submitted to him by Mr. PAGET, then a very young man. HILTON and WORMALD had previously noticed a speckled condition of the muscles in some subjects, and it was this that OWEN made out in 1835 to be due to "white specks in the muscles, and seen to be cysts of an elliptical figure, with the extremities in general attenuated, elongated, or more opaque than the body (or intermediate part) of the cyst, which is in general sufficiently transparent to show that it contains a minute coiled-up worm." Professor OWEN gives, in the paper communicated to the Zoological Society of London from which this extract is taken, a very complete description of this worm,

* See Dr. Parkes, in THE LANCET of October 24th, 1863, p. 492.

to which, however, HENLE, VIRCHOW, LEUCKART, LUSCHKA, and KUCHENMEISTER have added further details. They have especially traced its life-history, and their researches show that "the fully-developed trichina is a distinct filiform worm, occupying the alimentary canal, and giving birth to young trichinæ, which pierce the walls of the intestines, and on reaching the muscles become capsulated."

The evidence that the Trichina spiralis is bred in man by his feeding on pork infested with this parasite is of the most positive and direct character. Professor GAMGEE, in his recent article on Diseased Pork and Microscopic Parasites in Man, in the *Popular Science Review*, gives a useful picture of the symptoms of the disease in animals, to which all may refer with advantage; for it is by recognising the disease with care in animals which are material for human food that danger to man will be best avoided. He dwells with force and propriety on the necessity of scrutinizing the habits of the domestic pig. He points out that parasitic maladies in the pig specially abound in Ireland, where swine live most amongst human beings; and draws inferences of practical importance to feeders and to all who eat pork.

It is a remarkable fact that we get from eating pork the two other most destructive parasites which prey upon the human body—the tapeworm and the hydatid. LEUCKART has shown, and it is now acknowledged, that trichinæ are not killed by salting or freezing pork, nor by its becoming putrid. Whether smoking kills them is not settled, but the imperfect smoking to which a great part of the preparations of pork are subjected certainly has not sufficed to destroy them. The observations of WORMALD, HILTON, PAGET, BELLINGHAM, and others show that this disease—not looked for, because almost unknown to us during life as a disease—certainly exists amongst us. It resembles so much "continued fever" in its simple characters that it may well be passed over by those who are not on the watch; but the recent observations of epidemics to which we have alluded, and the paper which we publish to-day from the pen of Dr. MÜLLER, will put the profession on the alert; and it is to be earnestly hoped that, if it exist anywhere, it may now be immediately discovered, and the most rigid measures enforced of sanitary prevention.

THE question of Life Assurance is one which specially recommends itself to the consideration of the members of the medical profession. Few positions involve greater responsibilities than that of the medical practitioner. His social and professional expenses are necessarily considerable. His income is too frequently little more than proportionate to his current demands. Unless he be possessed of independent fortune, the chances are much against his being enabled to save any considerable sum in the early part of his career. It thus follows that when death occurs in middle life a young family is often left with very limited resources, altogether inadequate to the maintenance of its previous condition. The ordinary chances of longevity cannot be calculated on by members of the medical profession. Their daily duties bring them into contact with every kind of contagion and disease. Hence the necessity of their maintaining the highest standard of physical health, and the more than ordinary outlay which their domestic comforts involve. Medical practitioners have many expenses from which the members of other professions are free. Their homes are required to be of an expensive character. The keeping of an equipage is recognised as almost a necessity. In this respect the profession of Medicine differs from that of the Law. The latter finds itself satisfied with chambers about which the public knows nothing, its members attending (or not attending) to its practice in any way most convenient to themselves. With these daily expenses on the part of medical practitioners it follows that unless marked success attend his professional progress, the physician or surgeon is unable to do more than provide for his immediate wants. To all who are so circumstanced the insuring of their lives is a duty not only to their families but to their profession. It is argued that the payment of the yearly premium is to that extent a sensible diminution of income. True; but there is no necessity for insuring for such an amount as would render its payment burdensome. On the presumption that any sum would be saved out of the year's receipts, let the principal insured for be thereby regulated; but let an insurance be effected. It is a certain provision, and, while a security against future want, is still available for present necessities. Either in the way of settlement, or for the purpose of loan, a life insurance is, to a certain extent, a property which it lies within each one's power to realize, and the maintenance of which is within the compass of even moderate means. We need not appeal to general experience as to what is the result of negligence in reference to this matter. The truth of the proposition we affirm is abundantly admitted, and the propriety of the course we advocate also allowed. But still excuses are urged, based on premises which a little reflection will prove to be of no importance in comparison with the great object of securing a certain competency for those for whose future it is our duty to provide.

Whilst thus impressing the advantages which result to others from the insuring of lives, we desire to direct attention to the benefits which insurance extends to those who determine to render it available for their own necessities. Next to insuring against death, insurance against sickness is most desirable. There is certainly no reason why members of the medical profession should hesitate to adopt a system found to work with great benefit amongst other associations of men whose income is dependent on the continuance of health. We understand that several assurance companies have signified their willingness to accept what we may term health policies. Already an analogous system is in operation. Insurance against accident is apparently extensively carried out with profit to the company and immense advantages to those whose daily duties or business necessarily expose them to risk. Commercial travellers and others constantly moving about, are enabled, by the payment of a small yearly premium, to provide against those casualties to which they are perpetually liable. The premium is small, on the assumption that each one takes care, in his own interest, to avoid accident. The interest of the insured and that of the company are thus identical. Such a system applied to the question of health would place the medical practitioner in an analogous position. The commercial traveller who, from the risks to which he is exposed, receives an injury, when incapacitated for work derives an allowance proportionate to his yearly income, and sufficient to cover his expenses thereby entailed. This is continued for periods of time regulated by the rules of the company, which are, generally speaking, amply commensurate with the necessities which may have

arisen. Injury or accident is thus, by a prudent foresight, divested of much of its collateral bitterness. We desire to see medical men, in case of temporary illness, occupy a similar position. It may be argued that such a proposition involves something compromising to professional dignity or self-respect. We cannot see it in that light. An agreement is based on a reasonable payment on the one hand to meet a possible eventuality on the other. One is permanent and certain; the other may never arise. It follows, as a matter of calculation, that the payment of a small and comparatively insignificant sum amply covers all risks. Therefore, when illness, as it sometimes does, lays the medical practitioner prostrate for weeks, he need not hesitate, if so insured, to avail himself of the help to which he is entitled. It is purchased, not petitioned for. When medical men reflect on the serious losses they sustain from the interruption to their practice which sickness occasions, we are satisfied they will recognise the advantages derivable from the general adoption of the system advocated. Unlike those benefit societies so instrumental for good amongst the working classes, the plan in contemplation would be an independent contract. Instances are not wanting in which, through the expenses of illness, medical practitioners have sustained the most painful embarrassments, and for years felt the inconvenience thereby produced. It is desirable to prevent a recurrence of such incidents, and we know of no system which promises to be so completely satisfactory to all as that proposed in a system of health assurance, carried out by the ordinary companies in whom the medical profession has confidence.

Medical Annotations.

"Ne quid nimis."

THE FATALITY OF FROST.

IT is curious to observe that in this country, where the killing of one person excites so great an amount of attention, the killing of 500 may be almost overlooked. We have had within the last three weeks an influence at work amongst us which effected, in London alone in one week, the death of 500 persons, who but for this influence, in all probability, would have been still alive. Yet, strange to say, the influence in question is welcomed by most of us, and we congratulate ourselves on its visit. True, we are minus 500 of our friends; but little notice is taken of their disappearance, and not a few people regret the short stay of the visitor whose power took them all away. Two weeks ago we consider that we served the cause of sound charity by commenting on the way in which a benevolent gentleman, acting upon the report of a medical commission, supplied forty children with a good meal of animal food once a fortnight, and so kept the scrofula and rickets which threatened them at bay. To-day we do a similar service by exposing the execution done by another enemy to the human frame, and so putting the public on their guard, in case of its re-appearance, which is altogether probable. Let it be clearly understood, then, that 500 persons have been killed in London in one week. In the week which ended on Saturday, the 19th of December, 1863, 1291 persons died. In the week which ended on Saturday, Jan. 9th, 1864, 1798 persons died. The difference between these numbers is 507.

Five hundred and seven persons met their death in London alone in the latter week, who were equal to a contest with all the deadly influences of the former one. We trust that no one will be conscious of any diminution of the shock which such a statement is apt to produce when we state that the simple agent—if we may use such a word for a negation—which killed the 500 was neither more nor less than the frost, which many robust persons doubtless enjoyed; which only served to show how healthy they were, and how rich in all the resources of "comfortable men," but which to the 500 was death, and to a much larger number must have brought terrible suffering and distress. We know we are telling what, to our professional readers, will sound like an old story. It is more than sixty years since Dr. Heberden did—what we are trying to do now—demonstrate that it is *not* the "green Christmas which makes the fat churchyard." But the public have never yet realized the fatality of frost. They think it seasonable and fine and healthy. They think it "good for fevers"—that is, destructive of the causes of epidemics. But they cannot—we had almost said they will not—understand that it is about the deadliest thing which comes upon us in this healthy country. And yet it is so. It tends to petrify the body, even when protected by blankets and good fires and sumptuous fare. It kills like a plague, as it were with violence. It is only a little inferior, in the power of killing, to cholera. Since our present registration system began, there have been two deadly years: one was fatal from the cold of its winter; the other from the prevalence of cholera in its summer. And the latter was only a little more deadly than the former. Let it be remembered that the 500 deaths to which we give prominence to-day are the excessive deaths of London alone, that the mortality of the country generally will have correspondingly increased, and that the general vitality of thousands more still alive will have been so lowered as that it may never recover itself, and must be especially unequal to a contest with another such frost, and it will be evident what a serious thing at this season is seasonable weather, and how, when it comes, it must bring with it

> "Death,
> And all the sad variety of pain"—

words which, appropriately enough, are to be found in Thomson's "Winter."

We have hinted at the fact that excessive winter mortality does not occasion the same shock that excessive summer mortality causes. This is certainly the case. It would scarcely be overstating the truth to say that five deaths from genuine cholera in any week would have created more alarm than the 500 deaths from cold. Though some explanation of this fact is possible, it is still unreasonable. The old and the young and those of impaired constitution are the chief victims of cold; but so they are of cholera. Deaths from cholera are a little more rapid than those from cold, but only a little more so. We have seen how rapidly cold tells—how quickly as the thermometer goes down the mortality goes up, so that in London alone in a short time it sprang from 1291 to 1798. Cholera affects primarily the abdomen; cold affects the chest. But there is little in this difference to make it wise in us to think lightly of the latter, as few situations are more distressing than that of those who suffer from want of breath, which is the ultimate effect of cold.

We aimed at setting forth the evil power of cold—to speak more accurately, of want of heat. In the strange mutual dependence of organic and inorganic nature, want of heat comes to mean want of air, the extinction of life, and the reduction of our fine organization to its original inorganic elements. Van Swieten has said something to the effect that an ounce of blood on the brain is enough to obliterate our humanity. The same may be said, in regard to many people, of a few degrees' fall in the thermometer. We need say no more to show the wisdom of a proper fear of cold. In the event of more frost let those who have strong bodies use them actively. This is the best way of resisting cold. Let those who are weakly be kept warm. Let charity take the thermometer in hand and, as it falls, do its best by a liberal diffusion of blankets and spare clothes, of soups and coals, to

husband and increase the scanty heat of the poor, and, so doing, it will preserve their life and secure their blessing.

Since writing the above we have learned from the return of the Registrar-General that in the week ending Jan. 16th no less than 2427 persons died, that is, 877 in excess of the average number. Though the frost itself had ceased, its effects continued. Fuller particulars will be found in the Return. We will only direct attention to one or two points. The mortality from typhus has risen since the frost, so has that from measles. Generally speaking, the epidemic mortality has increased. As to the question of age, 800 of the 2427 were between twenty and sixty years of age. Indeed, it would be roughly correct to say that of the 2400 deaths 800 occurred in early life, 800 in middle life, and 800 in advanced life. Of course these figures show a much larger proportionate mortality in the advanced than in the middle life; nevertheless, the death of 800 middle-aged persons is enough to show the wisdom of even this class taking reasonable measures against the action of extreme cold whenever it occurs. The rapid and remarkable rise in the mortality effected by the frost has suggested to the Registrar the idea of violence which we have expressed above. Alluding to the 877 excessive deaths, he says: "These persons were *killed almost suddenly* by the cold wave of the atmosphere."

SURGEON TURNBULL AND THE CRAWLEY COURT-MARTIAL.

IN an order dated from the Horse-Guards, January 14th, and published on Friday week, the Commander-in-Chief remarked upon the proceedings of the Crawley court-martial, and commented in severe terms upon the conduct of several of the officers of the Inniskilling Dragoons. Amongst others referred to was Surgeon Turnbull, who was the subject of the following paragraph:—

"Surgeon Turnbull, in like manner, has laid himself open to the gravest censure. His conduct with reference to the entries in the Hospital Records will become the subject of further inquiry, and, should his explanations not prove satisfactory, most serious notice must necessarily be taken of his proceedings; but, at all events, his continuance in the Inniskilling Dragoons has become impossible."

This paragraph must have been read by the friends of Dr. Turnbull, by the members of the medical profession, and even by the public at large, with great pain; for it repeated in a solemn manner, after a considerable lapse of time, and in a peculiarly public and impressive style, imputations the most serious that can be imagined—far more serious than any alleged against any of the other officers mentioned, involving little less than a malicious and criminal conspiracy, such as must blast the honour of any man, in the rank of a gentleman, who could be guilty of complicity in it. These charges were brought forward, in the course of the defence, from the cursory examination of the books, and from their grave character it was at once announced that they would be made the subject of inquiry by a board appointed to inspect all the books and records. Their repetition in this public and highly-important official document, published so long after the court-martial, and purporting to be a review of its proceedings, has created a profound and painful impression.

We are gratified at being able to end this unpleasant suspense. A committee of inquiry has assembled at Chatham to examine into the alleged erasures and alterations in the case-books kept by Dr. Turnbull. The committee consisted of General Eyre, commandant at Chatham, as President; Inspector-General Dr. Logan, of Whitehall-yard, and Inspector-General Dr. Anderson, of Netley, as members. The report made by[the committee has not transpired, but it is known that Dr. Turnbull was exonerated by the committee from all blame in reference to the matters under examination. His explanations cleared up all that had been supposed to have been done in the case-book from sinister motives, and the case-books themselves, when thoroughly examined, afforded full proofs of the injustice of the suspicions which had been thrown on him in regard to them. The case-books were found to have been unusually well kept as professional records, which is what would have been expected by those who know how intelligent and able an officer Dr. Turnbull is in professional respects. It was made evident that certain points about the entries in the case-books had been brought forward by the defence at the court-martial, without the opportunity of a general comparison of the whole of the entries, or of explanation by Dr. Turnbull being afforded, and thus appearances were caused to be greatly against him. This matter of the case-books was the only question submitted to the Court of Inquiry.

We feel it a duty to make known these facts, and thus to relieve Dr. Turnbull without delay from the imputations cast upon him in the memorandum from the Horse-Guards. We cannot but think it greatly to be regretted that these charges were thus put forward in a document issuing from the official head of the army, when twenty-four hours' further delay—where so much had already occurred—would have sufficed to ascertain that they were wholly without foundation. A little greater promptitude in summoning the Board of Inquiry would have equally saved this infliction of unnecessary pain. As Dr. Turnbull has suffered so publicly under these imputations in the order issued by the Commander-in-Chief, it will at least only be just that equal publicity be given to the report of the Court of Inquiry.

Since the above we learn from Chatham that the Court of Inquiry has been ordered to assemble again, and that the second inquiry has terminated with a result similar to that of the first inquiry. Dr. Turnbull was perfectly cleared from all dishonourable conduct, though considered to have acted in some respects imprudently.

MEDICAL CONTRACTS.

THE recent action of Bennett *v.* Hickson is deserving of special comment. The plaintiff, a member of the Royal College of Surgeons, purchased the practice of Mr. Thomas Beardsall, deceased. This gentleman had resided for some years at Worksop, in Nottinghamshire, and at the time of his death was in considerable practice, and held one or more medical appointments. The defendant and the deceased's brother, Mr Wm. Beardsall, acted as his executors, and negotiated the sale. Mr. W. Beardsall continued to practise as a surgeon at the same place. A sum of £500 was the price agreed upon. This was subsequently reduced to £400, in consequence of a Mr. Williams starting as a rival to Mr. Bennett. The contract for sale contained an engagement by the defendant that "the executors would use their best endeavours and interest for the advancement and success of the plaintiff in the said practice." The purchase-money, it was agreed, should be paid by instalments. Disputes arose pending their payment as to the fulfilment of the terms of the contract. Actions at law were the result: one by the executors, to recover the last instalment due; the other by the plaintiff, on an alleged breach of the terms on which he purchased. The breaches complained of were—first, that Wm. Beardsall had said of the plaintiff that his charges were too high, and had thereby induced a patient of the plaintiff named Smith, who had also been a patient of the testator, to leave him; second, that Wm. Beardsall had competed with the plaintiff for, and had obtained the post of, medical officer to a lodge of Odd Fellows which had been held by the testator in his lifetime; and, third, that Wm. Beardsall had competed with the plaintiff for, and had obtained, the post of medical officer to a sick club, which, however, had not been enjoyed by the testator. The case was tried at the last Spring Assizes, when a verdict was found for the plaintiff, with £100 damages. A rule *nisi* was granted to set aside this verdict, on the grounds that it was against evidence, and that the damages were ex-

cessive. The Court adopted the latter view, and made the rule for a new trial absolute, unless the plaintiff consented to reduce the damages to £50, and to accept that sum in full satisfaction of all claims under the agreement. So the case stands at present.

This is an illustration of the system pursued in professional quarrels. Much money has on both sides been expended, considerable ill-feeling aroused, time wasted, and character compromised without any substantial result. All might have been avoided had a professional reference been accepted. We have so repeatedly urged the propriety of such a course when purely professional disputations have arisen, that it is with surprise we read of such cases being obtruded before the public. In no instance could it have been more suitably accepted than in this we comment on. Neither party appears to have fully realized the expectations of the other. It is late for the plaintiff to complain when for three years he had remained silent. On the other hand, he is entitled to say that the position assumed by the executor was inconsistent with his "advancement and success" within the terms of his purchase. It was contended for the defendant in argument, that the utmost the plaintiff could expect was an introduction to the patients of the deceased; that their ultimately abiding with him depended on causes resting entirely with himself—his capability and his address. To this the plaintiff replied, True; but your (the defendant's) interests are antagonistic to mine, especially in the matter of the public appointments, which formed part of the inducement for my purchase. This view the jury seems to have adopted. Two lawsuits and a legal argument have been the result. Some hundreds of pounds, it may be, have been thus expended, and at last the affair ends in an award—for that is the true meaning of the decision—which bears a small relation to the sum spent for its recovery. Surely it is time that the medical profession should desist from such proceedings. The arbitration of any two gentlemen in practice, members of our Colleges, could have settled the matter on terms much more satisfactory than those we record. We again press this subject on the attention of our professional brethren. We have heard such a suit described as "only a doctor's quarrel." It is more: it argues a forgetfulness of the best interests of the medical profession when proceedings are so frequently arising which show that a want of mutual reliance prevails amongst its members, causing them, to their own discredit and loss, to thus obtrude every professional or personal difference upon the public ear. We again repeat our hope that, in all cases similar to this, the parties dissatisfied will seek redress from professional arbitration.

THE DERBY MAGISTRATES AND THE TOWNLEY CASE.

THE Townley case is passing through a new phase. The Derby magistrates insist upon another inquiry: an inquiry upon an inquiry! They complain of everybody and everything, and argue like Nisi Prius lawyers upon little matters of form which they think might enable them to call with plausibility for the officials who should lead this unhappy lunatic to the scaffold. Never was Calcraft invoked with such pertinacity. They have shown the utmost skill in putting a fresh meaning upon a document which plainly bears upon its face the opposite interpretation. The facts are simple enough, though they have been strangely distorted. When Townley was brought up to trial, Dr. Forbes Winslow averred, after carefully examining him, that he was then of unsound mind. Continuous efforts have been made to confuse general readers by mixing up the two questions of the sanity of the prisoner at the time of his crime, and of his sanity at the time of the trial and after the sentence. Dr. Winslow expressly refused to give any decision on the retrospective matter of his sanity at the time of the crime; he only affirmed positively his insanity at the time being. Subsequently, at the instance of the judge who tried him, the Secretary of State sent down three as competent and reliable persons as could have been selected by those most eager to hang this lunatic: two able hard-headed lawyers, well acquainted with all the dodges and impositions that could be practised by a man shamming lunacy, and by no means disposed to admit lunacy as an excuse; and one experienced medical commissioner. Their report amply confirmed Dr. Winslow's statement, since it repeated *ipissimis verbis* the declaration, "We cannot consider him to be of sound mind." This decision they came to after examining the prisoner for hours, the chaplain, the governor, the medical officer, and other persons.

This man, declared to be of unsound mind by Dr. Winslow, was also declared to be of unsound mind by the Commissioners. A great deal has been done which can hardly be justified to produce popular prejudice on the matter. But the circumstances are too simple to admit of mystification. Every competent person who has seen the prisoner since Dr. Winslow declared him of unsound mind, has confirmed that opinion.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE DEATH OF MR. GREEN.

AT a meeting of the Council on the 14th inst., this melancholy event having been officially communicated by Mr. Skey, the President, Mr. Lawrence rose and said,—

I cannot be wrong in believing that we all entertain one and the same strong feeling at the present moment, that of the deepest regret at the loss, which the College has sustained, of of a colleague who has passed away since our last meeting in this room—a colleague, whose high scientific, general, and social character placed him in the foremost rank of the profession, made him a distinguished ornament of our body, and gave him no inconsiderable place in the public view. During a long course of years Mr. Green exerted himself in every department of College business most zealously and efficiently. If I were to call our loss irreparable, it would be no exaggeration, but the simple truth. Mr. Green's qualifications for the important offices which he held at various times, were of high order, and therefore of rare occurrence. He combined eminent natural gifts with equally remarkable acquirements; good sense, sound judgment, lucid arrangement, logical power, and felicity of illustration with great command of language; scientific and professional knowledge with classical and general literature and the accomplishments befitting a gentleman. It will be a comparatively pleasing duty to make such a record of our admiration of Mr. Green's character and public services as may be acceptable to his friends, and particularly to the lady who has sustained the heavy affliction of losing a partner so esteemed and beloved. Mr. Green was born to the inheritance of an ample fortune, and might have been expected to lead a life of pleasure and enjoyment, free from the labours, anxieties, and long delays of a professional career. He might have devoted himself to literary pursuits with every prospect of attaining success and distinction. But he had a vigorous and active mind with a thirst for knowledge, and he determined to adopt the medical profession, than which none tasks more severely mental energy and persevering industry. Having been trained in classical and general literature and the other branches of a liberal education, he commenced his medical studies at the flourishing school of the then united hospitals of St. Thomas's and Guy's, under the auspices of his uncle, Mr. Cline, and of Mr. (afterwards Sir) Astley Cooper. In due time he became surgeon and teacher of surgery in St. Thomas's Hospital. He was subsequently appointed Professor of Anatomy to the Royal Academy, and delivered lectures annually at the Institution on that subject, a knowledge of which is most advantageous, if not indispensable, to the painter and sculptor. In these discourses he unfolded those details of organization and life, on which form, proportions, relations, beauty, and expression depend, with so much judgment and taste, and such elegance of language, as to attract not merely students in Art, but artists themselves, and scientific and literary men in great numbers. He was appointed President of the General Council of Medical Education and Registration

by a unanimous vote of the members, and discharged the duties of the office to the entire satisfaction of his colleagues and the profession. Our lamented friend was a man of comprehensive views, of tolerant spirit, of warm and extensive sympathies, and true geniality of disposition, which delighted those who came within the sphere of his company and conversation. He was a faithful friend, sagacious and cautious in council. He possessed a lofty spirit with gentle and conciliatory manners, while a courteous and dignified bearing eminently qualified him for the public duties which fell to his lot in the high situations which he successively occupied. Viewing his great mental endowments and oratorical talent, his high principles, honourable conduct, and most amiable character, we may borrow the language of Shakspeare, and truly say of him, "He was a man, take him for all in all, we never shall see his like again."

At the conclusion of Mr. Lawrence's address Mr. Luke gave notice that at a future meeting of the Council he should submit a motion that a marble bust of their lamented colleague be executed for the Council-room.

Critical and Explanatory Comments

ON THE

NEW PHARMACOPŒIA,

INDICATING THE

EXTENT AND CHARACTER OF THE CHANGES MADE, AND THE RELATIVE VALUE OF THE NEW AND OLD PROCESSES & PREPARATIONS.

No. II.

THE adoption of the avoirdupois ounce by the Dublin College in 1850 made it necessary either for that division of the kingdom to return to the use of the troy weight, or that the avoirdupois weight should be adopted in the new Pharmacopœia. Of course there remained the third course—to start afresh, and introduce a decimal or some other system; but this opportunity was lost. The avoirdupois weight is that adopted by the framers of the Pharmacopœia; and as it is very questionable whether this change is for the better, we quote from the Preface the arguments by which the Medical Council defends this course:—

"The three Colleges had long agreed in adopting the imperial measures for every denomination above the fluid ounce. For the latter denomination a convenient subdivision had been also based on the old pharmaceutic principle that each fluid ounce should consist of eight parts, called fluid drachms, and each of these of sixty parts, called minims. It was impossible to improve that now familiar division.

"The Council, in resolving to adopt for pharmacy the imperial ounce and pound, could not assimilate the subdivision of the ounce to that of the fluid ounce without substituting a new medical grain for the troy grain, hitherto the medical as well as the standard grain of the kingdom; and this alteration they did not consider advisable. It has therefore appeared to them a necessary consequence that the drachm and the scruple, the old denominations of weight between the ounce and grain of pharmacy, must be abandoned, since they can no longer exist as both simple multiples of the latter and integral parts of the former. Accordingly, medical men in prescribing, and pharmaceutical chemists in preparing medicines, are recommended to discontinue henceforth the use of the drachm and scruple weights.

"The weights and measures of the British Pharmacopœia with their symbols will now stand as follows:

Weights.

1 pound	...	lb. j.	...	=	16 ounces	=	7000 grains.
1 ounce	...	oz. j.	...	...	...	=	437·5 grains.
1 grain	...	gr. j.	...	...	...	=	1 grain.

Measures.

1 gallon	...	C. j.	...	=	8 pints	...	...	O. viij.
1 pint	...	O. j.	...	=	20 fluid ounces	...		fl. oz. xx.
1 fluid ounce		fl. oz. j.		=	8 fluid drachms			fl. drs. viij.
1 fluid drachm		fl. drm. j.		=	60 minims	...	...	min. lx.
1 minim	...	min. j.	...	=	1 minim	...	...	min. j.

"The temperature is to be determined by Fahrenheit's thermometer, and the specific gravity of liquids is to be taken at the temperature of 62°. All liquids are ordered by measure unless it is stated otherwise."

There seem to be only two advantages gained by this change. First, the pharmaceutist will only be required to keep one set of weights, so that he can use the same ounce for dispensing as he employs for ordinary retail purposes; secondly, the ounce by weight of water will precisely measure one fluid ounce. The first is a very questionable gain, as the weight, from having to do double duty, will get a good deal knocked about; and as it is, we believe that very few ounce weights which have been for any length of time in use for retail purposes would be found to fulfil the requirements of the Council by weighing 437·5 grains. The troy weight had, at any rate, this great advantage—that it was kept entirely for medical purposes. Even whatever is gained by assimilating the value of the weight to the measure is gained for water alone; and this is only true of one temperature—62°. Directly the temperature or the specific gravity of the liquid varies from this standard the whole supposed advantage disappears; and as the liquids which the Pharmacopœia directs to be measured differ far more widely in specific gravity than the troy from the fluid ounce, we cannot see that any practical advantage has been gained.

In order to accomplish all this, we are recommended by the Council to abandon the division of the ounce into drachms (a division which a moment before they praise in the case of the fluid measure), and advance by one jump from one grain to the ounce of 437·5, than which a more impracticable number could not be found. The framers of the Pharmacopœia themselves have been the first to feel the inconveniences of this system. If, for example, we turn to the formula for Trochisci bismuthi, we are directed to "take of white bismuth fourteen hundred and forty grains." This is surely a very inconvenient way of writing weights; but, when written, how is it to be weighed? A calculation of some complexity informs us that fourteen hundred and forty grains is in the avoirdupois weight 3 ounces and 127·5 grains. Drachms and scruples being abolished, is this number to be built up with 5-grain and 6-grain weights, with a 2-grain and a ½-grain to make it exact? Or shall we take the ¼-ounce, which is the nearest available weight left to us, and the value of which is 109·375 grains? And then how are we to get the remaining 18·125 grains?

Notwithstanding the recommendation of the Council, drachms and scruples will be used for prescriptions in consequence of their greater convenience, as few prescribers will feel disposed to imitate the Pharmacopœia by writing in a long string of Roman numerals a huge number of grains. For old prescriptions, written before the publication of the Pharmacopœia, the question is clear enough—the old drachms and scruples will be employed by the dispensing chemist; but for new prescriptions, written in drachms and scruples (as they infallibly will be), what is the chemist to use?—as the prescriber has had ample notice that no such things are in existence. Is he to use the eighth part of an ounce?—or is he to use sixty grains, the dose being increased or diminished ten per cent. accordingly? In adopting this ounce the Council had absolutely no option but to adopt the Wilsonian grain; but this was inconsistently rejected. Any objections that could be made to the grain apply with equal force to the ounce, as both were diminished in the same ratio. We are not arguing in favour of Dr. Wilson's grain; but we may say that if the Council have determined to force the avoirdupois ounce upon the medical profession, they were bound to subdivide it so that it could be used without inconvenience. For ordinary commercial purposes, where no farther subdivision than into halves and quarters is required, the non-relation of the grain to the ounce is an evil which is not felt; but in all those trades where from the value of the material the grain must be used, the avoirdupois ounce is at once abandoned as impracticable, and recourse is had, for the sake of accuracy and convenience, to that troy weight which the Council has so recklessly discarded.

For these reasons we cannot but regret the course which the Council has taken in this matter; perhaps, however, one good may result from it—viz., the inevitable confusion which must ensue from this change will be one more argument for reconsidering the whole subject of British weights and measures as they at present exist.

Though we have felt it our duty thus to condemn the innovations which the Council has made in the matter of weights, we must heartily commend the general arrangement of the book. The work is divided, as usual, mainly into two parts—one of which contains the Materia Medica, the other the Preparations and Compounds. All those preparations which are not themselves used in medicine but are used in making the compounds contained in the second portion are referred to an Appendix at the end. A second Appendix contains directions for preparing test solutions for ascertaining the purity of the different medicinal and chemical substances. But it is in the Materia Medica portion that this Pharmacopœia differs so much from its predecessors. Under the hands of the authors, this part of the book has developed from a mere catalogue of raw materials into a complete dictionary of pharmacology. Here will be found every drug and chemical recognised by the Pharmacopœia, and appended to each all the information about it which is either important or useful. Great care and labour must have been expended on this part. In every case we find the botanical name of the plant from which the drug is derived, and to give an accurate notion of the plant itself we are referred to some book where an authentic plate of it may be seen. After this follow the characters by which the drug may be recognised and its genuineness ascertained; and if chemistry can give any aid in the matter, the appropriate test is not forgotten. In the case of chemical substances the chemical formula follows the name in each case, with a few reactions by which the substance may be known, as well as tests to detect the more probable adulterations. In the Materia Medica will be found even those chemical preparations, processes for preparing which are given in the second part, and it is here that the characters and tests for these are placed, as there is nothing but the mere process in the second part.

The most useful improvement on the usually meagre information contained in a Materia Medica list is the addition at the end of each heading of a list of the Pharmacopœial preparations into which the particular substance enters. Thus, under Scammonium, we find "Preparations—Confectio, extractum colocynthidis compositum, mistura, pilula colocynthidis composita, pilula colocynthidis et opii, pulvis compositus, resina." A prescriber who wishes to administer this drug, for example, finds by simple reference to this part of the book a complete list of preparations which contain it. For the quantity which each preparation contains he must of course refer to the formulæ themselves. The well-selected and clear type with which the book is printed is no inconsiderable assistance in a reference of this kind. There is no attempt at crowding much matter into a small space. Everything is perfectly clear and distinct by itself.

In considering the new Pharmacopœia in detail it will be necessary to take the Materia Medica and the Preparations together. The reason for this is obvious. As we mentioned above, all the chemicals for the preparation of which the Pharmacopœia has given a process are contained in both these parts; the process being in the second, the characters and tests in the first. Therefore, having described the way in which the book is arranged, we shall disregard that arrangement, as inconvenient for the purposes of the present notice, and comment on the book as a whole. We do not propose to take every item in the Pharmacopœia seriatim, as in many cases there is but little to be said, and that little is said by the Pharmacopœia; on the contrary, we shall consider more particularly those deviations which have been made from previous Pharmacopœias, and the processes of manufacture with which this Pharmacopœia is so abundantly filled.

The difficulty of reducing the three British Pharmacopœias into one seems almost insurmountable at the very commencement. In nothing did the Colleges differ more than in the strength of their strong and diluted acids. In the case of the first on the list—acetic acid—seven or eight different strengths appear to have existed. The strongest contained 85 per cent. of so-called "real acid" ($C_4H_4O_3$); the weakest, 3 per cent. What was called simply acidum aceticum in London contained 30·3 per cent.; while in Edinburgh the same name indicated one of 85 per cent. This acid now appears of three different strengths: acidum aceticum, of 28 per cent. (only found in the materia medica); acidum aceticum dilutum, of nearly 4 per cent.; and acidum aceticum glaciale, a process for which is given. Of the different modes of preparing this acid the Pharmacopœia chooses decidedly the best; it is, in fact, that which is adopted by manufacturers on the large scale. The process of the Dublin Pharmacopœia, with hydrochloric acid and acetate of lead, though producing an acid of great purity, was costly, troublesome, and utterly impracticable for large quantities. The crystallized acetate of soda, which contains six atoms of water, is directed to be heated in a porcelain basin to dry it. For this purpose an iron pan is to be preferred, particularly as the desiccation is ordered to be pushed to the fusion of the salt—an operation which will often cause the porcelain basin to split. The quantity of sulphuric acid is nearly twice as much as theory requires to decompose the acetate of soda, but unless this excess is employed, the dry mass of acetate of soda is not properly permeated by the acid, and a product inferior both in quality and quantity is obtained. The Pharmacopœia states that the product is monohydrated acetic acid, and that the specific gravity is 1·065, but it will contain about 2 per cent. of water, as the specific gravity of the pure monohydrated acid is 1·058.

For the purposes for which acidum arseniosum is employed in the Pharmacopœia, the lump arsenic of commerce would be sufficiently pure; but directions are given for subliming it. This process accomplishes its object—the removal of any little impurity present.

In the process for preparing acidum benzoicum the Pharmacopœia is less happy. The benzoin is directed to be placed in a cylindrical pot of iron, which is to be covered with a cylinder of stiff paper. Heat is then applied, and maintained for six hours. At the end of this time the product will be found adhering to the inside of the paper cylinder; if not quite white it must be sublimed again.

The product of this operation will be very small. A considerable part of the acid is locked up in the melted benzoin, and is unable to escape. That which rises is condensed for the most part before it reaches the paper cover, and falls back into the pot. The process which is really used by manufacturers is a combination of the wet and dry method. Powdered benjamin is boiled in water with a quarter of its weight of quicklime; the filtrate, after concentration, is precipitated with hydrochloric acid, and the benzoic acid which separates is pressed and dried. The acid obtained in this way may be sublimed in a pot, as recommended by the Pharmacopœia; but a piece of blotting-paper, pierced with holes, should be stretched over the iron pan to prevent the condensed acid falling back. The product will be more than double that obtained by the process of the Pharmacopœia. It is perfectly white, so that the second sublimation recommended by the Pharmacopœia is avoided.

If the Pharmacopœia process for benzoic acid yields but a small product, what are we to say to that for acidum hydrochloricum, which yields no product whatever! The following is the process of the British Pharmacopœia:—"Take of chloride of sodium dried, three pounds; commercial sulphuric acid, forty-four fluid ounces; water, thirty-six fluid ounces; distilled water, fifty fluid ounces. Dilute the sulphuric acid with thirty-two ounces of the water, and when the mixture has cooled pour it upon the chloride of sodium previously introduced into a flask having the capacity of at least one gallon. Connect the flask by corks and a bent glass tube with a three-necked bottle furnished with a safety-tube and containing the remaining four ounces of the water; and from this conduct the gas into a second bottle, containing the distilled water, by means of a bent tube dipping about half an inch below its surface, and let the process be continued until the product measures sixty-eight ounces. The bottle containing the distilled water must be carefully kept cool during the whole operation."

If these directions are followed, not a trace of hydrochloric acid will be found in the distilled water destined to receive it, however long the process may be continued; and the Pharmacopœia might have added to the other tests, that their product gives no precipitate with nitrate of silver. When a mixture of sulphuric acid and water in the proportion recommended by the Pharmacopœia—i. e., an acid of sp. gr. 1·6—is added to chloride of sodium in the cold, the result is almost *nil*. A slight smell of hydrochloric acid is developed, but nothing more. In order to evolve the gas, heat must be applied; and towards the end of the process the contents of the flask must be positively boiled, in consequence of the amount of water present. So far from directing heat to be applied, the Pharmacopœia says that the mixture must be cooled before it is added to the salt, and then trusts to the chemical action to complete the process.

The Pharmacopœia rightly orders two equivalents of sulphuric acid to decompose one equivalent of salt, as with a

smaller amount complete decomposition is not affected without the application of very great heat. The quantity of water used with the acid is, according to our experience, too great, as the mixture must be boiled towards the end of the process, and a quantity of steam passes over with the gas, which renders its absorption difficult in consequence of the heating of the water which is to receive it. The best proportions are—sulphuric acid, forty-four fluid ounces; water, fifteen fluid ounces. With these proportions the gas is developed even in the cold, and it is better to add the acid by degrees through a tube funnel. The flask should from the commencement be set on a sand-bath, which may be warmed towards the end, but the heat with these proportions need never be very great. This shows how much better it would have been to leave all these details to chemical manufacturers and simply state what conditions are required for medicinal purposes, as was done in the London Pharmacopœia of 1851. The authors of the British Pharmacopœia have had five clear years to make themselves acquainted with the subject, and after that time such blundering on the part of the united wisdom of London, Edinburgh, and Dublin is inconceivable.

The process for acidum nitricum is quite unexceptionable, and so is that for acid. phosphoricum dilutum. We may, however, remark that in preparing this latter acid it is better not to distil over the nitric acid. If the nozzle of the retort is turned up, and the small end of the Liebig's condenser inserted into it, all the nitric acid which condenses runs back into the retort, and the process is completed in less time. In the directions for rectifying sulphuric acid it is not stated how the heat is to be applied to the retort, and this is a matter of importance. If a sand-bath is to be used, an ordinary sand-bath will not answer the purpose; it should be made to fit the retort so that there is but a thin layer of sand between them, otherwise the acid will not boil. If a naked fire is to be used, it will be found best to rest the retort on a small crucible, and put a ring gas-burner round it. In this way the ebullition is confined to the sides, and the bumping which is so disagreeable an accompaniment of this operation is avoided.

The processes for citric and tartaric acids, though not precisely those in use on the large scale, will enable a pharmaceutist to prepare these acids, should he feel disposed to spend the time over them.

The Dublin Pharmacopœia contained two processes for preparing acidum gallicum. The British Pharmacopœia has chosen the best. The other (with sulphuric acid), though completed in a shorter time, yields a smaller product, and inferior in quality. In the process adopted, the tannic acid of the galls, which is a glucoside, undergoes decomposition by means of a ferment existing in the galls; the sugar of the tannic acid being converted into alcohol. The process for acidum tannicum is that of Pelouze, and is the only one which yields it in a state of purity. On the large scale, expression is substituted for percolation.

The diluted acids have been brought to one chemical strength; that is, they have the same saturating power—an equivalent of each, expressed in grains, being contained in six fluid drachms. This is a step in the right direction, as the acids were formerly diluted on no principle whatever. The formula for acidum nitro-hydrochloricum dilutum is hardly wanted, as it is equivalent to mixing two parts of diluted nitric acid with four of diluted hydrochloric acid; it is therefore better suited for a prescription than a Pharmacopœia.

The process for acidum hydrocyanicum dilutum is that of the London Pharmacopœia of 1851, and is a very good one. The test of strength recommended is that of Liebig, which depends on the formation of a double cyanide of sodium and silver. No permanent precipitate is obtained by adding the silver solution until half the hydrocyanic acid is combined with the sodium and the other half with the silver. This is the reason that only half the quantity of silver is required to effect precipitation. It is good to add a little chloride of sodium before using the silver solution. It would perhaps be better to discard this poison altogether from the Pharmacopœia. More lives have been lost than saved by its use. How much this unreliable preparation varies in strength will be seen from the following list: British Pharmacopœia, 2 per cent.; Old Edinburgh, 4 per cent.; "Scheele's," constantly in use, 5 per cent.; United States, $1\frac{2}{10}$ per cent.; Saxony, $1\frac{2}{10}$ per cent.; Schleswig-Holstein, 3 per cent.; Paris Codex, 12 per cent.; Hesse, 18 to 20 per cent.

In concluding this notice of the acids, we may observe that the tests throughout are excellent, and if the preparations will fulfil the conditions here laid down, there need be little fear of adulteration or impurity.

SOUTH HANTS MEDICO-CHIRURGICAL AND MICROSCOPICAL SOCIETY.

ANNUAL MEETING.

A LARGE and influential meeting of the members of the above Society, which embraces many of the leading practitioners of the county, took place on Thursday, the 14th inst., at the residence of Dr. Wiblin, of Southampton. Dr. Bushnan, the late President, occupied the chair. The first business of the evening was to nominate and elect the office-bearers for five years next ensuing, when Dr. Wiblin was elected President; Dr. Dyer, of Ringwood, Vice-President; and Dr. H. Palk, Secretary and Treasurer. Dr. Orsborn, Dr. Bushnan, Dr. Welch, and H. Bencraft, Esq., were elected members of Council of the Society.

The preliminary proceedings having terminated, the President entertained at a sumptuous dinner at his residence the following gentlemen:—Dr. Aitken, Netley; Dr. Sparrow, Southsea; Dr. Orsborn, Bitterne; Dr. Butler, Winchester; Dr. Bushnan, Salisbury; J. F. Clarke, Esq., London; H. Smith, Esq., King's College Hospital; Otto Striedinger, Esq., Netley; Dr. Falls, Bournemouth; Dr. Beaman, Dr. Tilbury Fox, London; Dr. Coates, Salisbury; Dr. Maddox, Woolston; C. Dennehey, Esq., R.M.S.Co.; Dr. Fox, Broughton; T. Summers, Esq., Woolston; Dr. Palk, Dr. Cheesman, Dr. Ives; J. Wiltshire, Esq., Totton; and H. Bencraft, Esq.

The usual loyal toasts having been drunk, Mr. Henry Smith was called upon to deliver the annual address at the banquet table, an abstract of which follows:—

Mr. HENRY SMITH commenced his address by some general observations on the rapid improvements which have taken place of late years in connexion with medical science, reviewing the causes which have led to this improvement, and pointing out the various means and resources available for increasing our knowledge, and making ourselves sound and skilful practitioners—the great aim and object of all our study. A correct observation of facts, as had been stated by an ancient author, was the basis of all our power and usefulness; for medical science was so inexact, and there were so few rules laid down for our guidance, that it was impossible for us to follow the dicta of any men, however eminent, without careful and critical inquiry into their views and doctrines. Our knowledge was to be obtained mainly in three different ways: in the first place, by the diligent observation of facts which our own individual experience afforded us; secondly, by availing ourselves of the recorded observations of others who had gone before us or whose opportunities had been more varied and extended than our own; and, thirdly, there were the means supplied to us by holding professional communion and intercourse with each other, more especially at medical societies and associations. It was by the combination of these three methods that knowledge was to be obtained and advanced, and not by the use of one alone. Books, however accurate and well written, would not supply the want of diligent personal application at the bedside or in the deadhouse; and the information obtainable by meeting together at stated periods must be deemed a powerful auxiliary to these other means. As an illustration of the estimation by the profession of such associations, it might be mentioned that since the beginning of the present century, during which period medical science had spread so much, nearly all those large societies which are such an important feature in the metropolis had been formed. The good which they had done, and were now doing, was incalculable. All the important questions connected with practical medicine and surgery had at various times been fully discussed by the most able and experienced men at those meetings, and the conclusions arrived at in respect to debatable doctrines or novel modes of practice had generally been accepted by the profession at large as bearing the weight of undoubted authority. It was at such meetings that new theories were promulgated and sifted, opinions well discussed, and new facts brought to light which otherwise would not appear. The profession, in truth, might be said to sit in arbitration in such societies on subjects of the gravest interest. The important subjects of the treatment of stone in the bladder by lithotrity, of ovariotomy, of the treatment of stricture by urethrotomy, of excision of the knee-joint, and of the pathology and treatment of syphilis, had been productive of much doubt and difficulty in the minds of the profession; but they had each been freely ventilated and discussed at the various Medical Societies, and now the result was that the truth regarding

each of these subjects was widely and generally known. Lithotrity was found to be, for adults at least, not the exceptional but the general treatment for stone. Ovariotomy was now accepted by the profession, not only as a justifiable operation, but as one free from many of the risks and dangers which were said to environ it. The perineal section of Syme, instead of being the universal panacea for stricture, and a "safe and simple operation," was now recognised as one surrounded by serious dangers, and only permissible in certain exceptional cases. Excision of the knee-joint had survived all the opposition directed against it, and was now recognised by all except the greatest bigots as the operation generally to be performed, and amputation the exceptional one, in disease of the knee-joint otherwise incurable. And with regard to syphilis, the erroneous doctrines respecting the inoculation test formerly prevalent were now discarded, and the treatment of the disease was based upon more enlightened principles and a soundor pathology. It was not, however, in the metropolis alone that Medical Societies were flourishing and possessed so much influence; but it was pleasing to witness that their professional brethren in the provinces were associating themselves together for the same purposes. Most of the large provincial towns had a Society; and it was a matter of congratulation that the one he was now addressing—the South Hants Medico Chirurgical—was in such a flourishing condition, and presided over by a gentleman second to no one in eminence as a provincial practitioner. (Cheers.) The members were fortunate in possessing as their president a man like Dr. Wiblin, who not only exercised a large and increasing influence, but had the interests of our noble profession at heart, and tried all he could to elevate it in the estimation of the public. He was one of those gentlemen who knew that the more we respected ourselves, and the more united we remained, the more the public would respect us; and it was one of the great objects of this Society, as that of others, to unite the members of our profession more closely together, to foster kindliness, charity, and manliness of conduct in one another, and thus to elevate ourselves in the public estimation, and to form an insuperable barrier against those secret enemies who dare not attack us openly, and are only powerful against us when there is disunion amongst us. Referring to the tactics of the insidious enemies of the profession, and the shapes of the apostles of quackery and charlatanism, the orator thus concluded his address:—"Just as during some mighty flood or other convulsion of nature unclean reptiles are seen emerging from their secret holes, or as was noticed that during those great political commotions which were shaking Europe to its centre during the French Revolution men and women of strange and uncouth appearance, who are never seen at ordinary times, were observed prowling about the streets of Paris: so when some great misfortune has shaken our profession and weakened the ties which bind us together, our secret foes crawl forth and pour out their venom; but as soon as the hour of weakness has passed by and we again show ourselves blended together, proving true to ourselves and one another, they withdraw to their congenial haunts—teaching us the great lesson that unity is strength, and that truth will ever prevail." (Loud applause.)

The address having been read,

Dr. BEAMAN, after paying a well deserved compliment to the author for his interesting discourse, proposed, and Dr. BUSHMAN seconded, a vote of thanks to him.

Dr. OSBORN, of Bitterne, next proposed the "Health of the President" in a lengthened, eulogistic, and feeling speech, observing, in conclusion, that the Society could not better mark their high esteem and regard for the character of Dr. Wiblin than by the fact of their having elected him as President of the Society for five years next ensuing. (Cheers.)

Dr. WIBLIN proposed the "Medical Press," associating with the toast the name of Mr. J. F. Clarke, of THE LANCET. Dr. Wiblin dwelt at considerable length upon the long and valuable services rendered to the profession by that journal, particularly by its powerful advocacy of the cause of the Poor-law surgeons and of the medical officers of the army and navy, the concession of relative rank, &c.

Mr. J. F. CLARKE, in responding to the toast, felt gratified at the manner in which his old and valued friend, the President, had expressed himself with respect to THE LANCET. He had been connected upwards of thirty years with that journal, and on no occasion during that long period had he felt more pleasure in rising to return thanks than on the present. The gentlemen around him numbered amongst them many of the most distinguished surgeons of the county, and representatives of the military and naval services. He hoped it would not be thought out of place here to refer to the ardent and untiring interest which THE LANCET had always taken in their welfare. No class of gentlemen were more entitled to the support of a powerful and independent journal than the body of country surgeons. They formed the great mass of the family physicians throughout the kingdom, and had displayed upon all occasions those qualities of head and heart which entitled them to the respect and esteem of their countrymen. No class of men had suffered more in days gone by in the conscientious discharge of their duties, particularly when they had the misfortune to be officers under the Poor-law. Many of their grievances still remained unredressed. THE LANCET, from its commencement to the present time, had been their steady defender and their uncompromising advocate. It would continue its labours in their cause so long as a grievance existed. It was only within a short period that the great country surgeons had received anything like a recognition of their rights by the medical corporations. Such men as Hey, of Leeds; White, of Blackburn; Mayo, of Winchester; Paget, of Leicester, and a host of others who had elevated the science and practice of surgery, were not permitted to be teachers, or to occupy places at the Council-board of the College to which they belonged. THE LANCET had done something to abolish these anomalies. The surgeons of the united services still laboured under disabilities and disadvantages which were anything but creditable to the authorities. Recollecting the important duties entrusted to them, and the admirable manner in which they had performed them, it was impossible to conceive a more short-sighted and injudicious policy than that which had ignored their claims, and neglected to support them when placed in difficult positions. For upwards of twenty years the assistant-surgeons of the navy were subjected to insults and wrongs that raised the indignation not only of the profession but of the public. For twenty years THE LANCET demanded that those wrongs and insults should cease. Success, to a considerable extent, had followed that demand. The military surgeons had had to undergo of late a painful ordeal of hope and suspense with respect to the position they were entitled to occupy. The battle was yet waging, but, looking at what had been done, the future was hopeful. At all events, THE LANCET would never relax in its efforts on their behalf until the last remnant of intolerance and injustice should be swept away. With such men at the head of a great military college as Aitken, Longmore, Maclean, and Parkes, there could be no fear of the result. These gentlemen had not only proved themselves able and scientific teachers, but had given evidence of the possession of great powers of administration and a true spirit of brotherhood and *esprit de corps*. The speaker hoped that he might be excused for making a passing reference to the founder of THE LANCET, and its editor for forty years—Mr. Wakley. He would not have presumed to do so had not his long connexion with that gentleman through years of great interest to the profession entitled him to the privilege. It was to the great qualities of mind and heart which Mr. Wakley possessed that THE LANCET owed its influence and its unparalleled success. Influenced by no party or sectarian spirit, fearless of consequences when he believed himself right, he pursued his warfare against monopoly and injustice to the last moment of his life. The opposition which he met with would have dismayed a man of less firmness of purpose, and ruined one with less pecuniary resources; but he was never dismayed, he was never intimidated from his course by threats or cajoled by flattery. The same principles, the same consistency in carrying them out, were inherited by Dr. Wakley, his successor, the present conductor of that journal. He (Mr. Clarke) was simply doing an act of duty when he stated this fact. Without wishing to institute any invidious comparisons between THE LANCET and other medical journals, it was right to state, particularly in such an assembly as this, that THE LANCET has had for its motto, "The greatest good of the greatest number." In conclusion, the speaker congratulated the South Hants Association on its prosperity and usefulness. He congratulated it further on its choice of a President who had made for himself a position and a reputation to which he was eminently entitled. He regarded the kindness with which the toast had been received by that important meeting less as a personal one than as a spontaneous tribute to the medical press, of which it had been his privilege through a long term of years to be an humble, yet he hoped not useless member. (Applause.)

The "Health of Dr. Palk," the Secretary of the Society, was next proposed, and duly acknowledged by that gentleman.

The company separated, expressing themselves highly delighted with the opportunity afforded them of meeting together from such distant parts of the county, and for the agreeable and intellectual treat they had experienced on the occasion.

THE ALLEGED MURDER AT HITCHIN.

To the Editor of THE LANCET.

SIR,—On Monday night (11th inst.) at about eleven o'clock, a man who had been found by the road-side lying insensible in a pool of blood was conveyed to the Hitchin Infirmary. In a few minutes I was in attendance, and found him perfectly insensible, with slow pulse, stertorous breathing, and cold extremities; the pupil of the eye insensible to the action of light. He had been bleeding from the right ear before my arrival, but this had now stopped.

On examining carefully the head I found some amount of doughiness over and behind the right ear, but no depression of the bones or other lesion with the exception of a slight contusion over the left frontal protuberance. The usual measures were adopted, but without success, and the patient expired at about three o'clock.

The most conflicting opinions were afloat with regard to the manner in which the unhappy man came to his end. The majority were of opinion that he had been waylaid and murdered, especially as it was known that he had been engaged during the day in collecting his accounts and was returning homeward with a more or less considerable amount of money. Others, again, opined that he had been pitched out of his cart and met his death by pure accident. Under these circumstances I was directed by the coroner (Mr. Times) to make a careful examination of the body, with a view to ascertain, if possible, whether the injuries sustained were due to a blow or fall.

Post-mortem examination.—Externally no lesions of any kind, with the exception of some doughiness over and behind the right ear, and the bruise on the left frontal protuberance already alluded to. On removing the scalp the doughiness was found to be due to effusion of blood between the integuments and pericranium. As soon as the skull was laid bare a T-shaped fracture, without depression, was found to exist, extending from about two inches above the mastoid process to the squamous portion of the temporal bone. The skull-cap was then removed, when a large clot of venous blood was found, covering nearly the whole of the right hemisphere, which was considerably flattened by it. This clot was evidently due to laceration of the right lateral sinus. The brain (which was otherwise perfectly healthy) was then extracted, when a star-shaped fracture, situated on the external extremity of the superior border of the petrous bone, was brought into view. One branch ran forwards on the anterior surface of the petrous bone and stopped at the commencement of the squamous portion; a second ran upwards, joining the anterior extremity of the T-shaped fracture seen externally; whilst a third ran directly inwards along the upper edge of the petrous bone as far as the circular sinus, where it stopped.

I informed the jury at the conclusion of the evidence that from the examination of the body it was impossible to decide whether the injuries had been inflicted by a blow or fall.

I am, Sir, your obedient servant,

Hitchin, Jan. 1864. RICHARD HOLT.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

MANY of your readers doubtless will read with regret the announcement of the death of Josiah Smyly, Vice-President of the Royal College of Surgeons in Ireland, and Senior Surgeon to the Meath Hospital. On Thursday week last he was actively engaged in the discharge of his professional duties, and on the following Friday, though not quite well, he was able to go to Kingstown, but on his return felt ill. Pneumonia of a low type rapidly set in, and at half-past one of this morning, in the full possession of all his faculties, he breathed his last. Mr. Smyly served his time as an apprentice to his uncle, the late Sir Philip Crampton, and in the year 1831, on the death of Mr. Hewson, was appointed Surgeon to the Meath Hospital. Here, with such colleagues as Graves, Stokes, Crampton, the elder Porter, the elder Macnamara, and Collis, he speedily won character as a painstaking, well-educated, and accomplished surgeon—a character which, for the three-and-thirty years he was connected with the institution, he steadily maintained. Naturally of a reserved disposition, it required to know him well to become aware of how richly stored was his mind in every department of his profession. Strongly impressed with the truths of Christianity, he was in every sense of the word a practising Christian, and, always temperate, for some years past he has been a strict teetotaller. Cut off in the full vigour of his manhood, his loss will long be deplored by his colleagues, and will be severely felt by the institution with which he was so long and so honourably connected.

The battle between the Board of Trinity College and the members of the College of Physicians, as to the right of the latter to dub their Licentiates M.D.s, is being at present fought out before the Master of the Rolls. In my next letter I hope to be able to announce to you the result.

Dublin, Jan. 19th, 1864.

ABERDEEN.

(FROM OUR OWN CORRESPONDENT.)

THE Aberdeen Medico-Chirurgical Society held their annual *réunion* on the 5th December, when about thirty members dined together at the Lemon-tree Hotel. The chair was occupied by the President, Mr. G. Angus, of the Bengal medical service; the Vice-President, Dr. Fides, acting as *croupier*. After the usual loyal toasts, with the Army and Navy—which were neatly responded to by Mr. Dalby, of the *Winchester*, and Mr. Smith, of the 23rd Highland Depôt Battalion—Dr. Keith gave a brief history of the origin of the Society, which dates as far back as 1789. It was instituted by a few students of medicine who were in the habit of meeting for the purpose of mutual instruction, by examining each other, and delivering and criticizing papers in the different branches of medical science. The elegant building in King-street, the Medical Hall, was erected in 1820. A large proportion of the funds collected for that purpose was obtained by the liberality, zeal, and exertions of the late Sir James M'Grigor, one of the founders of the Society, and who had unremittingly shown the warmest interest in all its concerns.

The hall affords ample accommodation for all the purposes of the institution, and is furnished with a valuable library and museum. The Society counts among its members nearly all the leading physicians and surgeons of the town and neighbourhood. Papers are read and discussed monthly by members at their stated meetings. The Society is divided into senior and junior members, but the latter have of late very much fallen off in point of numbers.

Prof. Harvey, in his reply for the University, expressed his regret that the junior members of the Society, for whose benefit the institution was originated, had of late so much diminished, notwithstanding all the trouble taken by the ordinary members to assist their junior brethren in every possible manner, in forming such regulations as seemed best adapted for conducting their business and affording them the full benefit of the institution. This, he thought, was altogether owing to the burden now weighing so heavily upon medical students: what with incessant attendance upon lectures, and preparation for examinations, no time was left for students now-a-days for the cultivation of their minds, for the study of the medical classics, for private thought and mutual improvement.

Dr. Wolfe was glad to hear such wise and liberal sentiments expressed by the learned professor who had just spoken. In comparing the system of medical education as pursued here with that of other schools abroad, he could not but be painfully impressed with the necessity for some change. Aberdeen could boast of a good class of students, who, for the most part, received a good preliminary education; but they were unfortunately misled into the belief that medicine and surgery were to be studied by attending on lectures. The dissecting rooms and the hospital wards, the only places where these subjects could be successfully studied, were very frequently considered as of secondary importance.

It was with great satisfaction that we read Prof. Syme's address on Medical Education, delivered at the *conversazione* before the Royal College of Surgeons, as published in the *Scotsman* of the 18th December. As the subject has been extensively discussed in a leading article in your journal of the 2nd inst., I shall merely state that, in the opinion of the enlightened members of the faculty in this part of the country, the distinguished Edinburgh professor is entitled to the gratitude of all the friends of medical education for having taken the initiative in that most important subject. All the means which Prof. Syme proposes for the improvement of the present system may not be quite feasible, but their discussion may per-

haps bring to light some standing abuses which never entered into his exalted and disinterested calculations.

Typhus fever has been on the increase. The number of cases admitted into the Royal Infirmary during the month of December was 130; deaths 18, or 13·8 per cent. The number of cases of small-pox admitted was 14; deaths 2. The admissions in November were 90; the deaths 6·7 per cent. But considering that five of the deaths in December were those of patients at or above the age of sixty, and that four deaths were those of patients admitted moribund, the death-rate may be regarded as stationary. Since the death of the lamented Dr. Carr, one of our students has fallen a victim to the epidemic, and three others are just recovering from severe attacks. The friends of Mr. R. T. Scott, formerly of St. Thomas's, will be glad to learn that he has now so far recovered as to be able to resume his studies. Within the last week several cases of typhus fever and small pox have occurred in the medical and surgical wards. If the epidemic should continue for any length of time, it is to be apprehended that the institution will become unfit for the admission of surgical cases.

All the efforts made by our philanthropic citizens to improve the sanitary condition of the working classes will be incomplete until we get an abundant supply of water for the unwashed millions. Fortunately, Provost Anderson's scheme for bringing in the water from the Dee above Inchmarlo, retarded by some mismanagement or other, is now on the point of being proceeded with; the engineers having reduced their specification to £111,000, to bring it within the limits of the Parliamentary estimate.

It is with deep and unfeigned regret—which I am sure will be shared by every friend of our Medical School—that I have to record this week the resignation of Dr. Kilgour as Senior Physician and Clinical Lecturer of our Infirmary. I have heard it frequently stated by some of our enlightened citizens that "Aberdeen would not be the same town without Dr. Kilgour." This appreciation of our much-esteemed Senior Physician is highly creditable to the Granite City, showing that, however much a man may scrape together, by some means or other, the respect of the community is only bestowed on genuine merit and spotless integrity. It was fully expected that Dr. Kilgour, who has for the last few years been gradually retiring from the fatiguing part of medical practice, and confining himself to consultations, of which he has far more than he can manage, would soon resign his position in the Infirmary, but his resolution has been hastened by the death of his nephew, Dr. Carr, around whom all his hopes were centred. Since then he could never enter the wards without the most painful recollections, and now, when retiring, it is not too much to say that he leaves the institution amidst universal regrets.

If there be any man in Aberdeen who, in point of profound pathological knowledge, enthusiasm in his profession, and as enjoying the universal esteem of his brethren, would be a worthy successor to Dr. Kilgour, it is Dr. Williamson, who, by rotation, succeeds to the senior physicianship, and, I have no doubt, will also succeed to the post of clinical teacher; Professor Harvey, the only physician who might compete, occupying a chair in the University.

Aberdeen, Jan. 11th, 1864.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

I MUST return, in a subsequent letter, to the subject of my last—the system of medical education pursued here, and the general arrangements of the hospitals and schools. Meantime, however, not to continue without a break a subject which is not equally interesting to all, I will revert to some of the scientific and practical aspects of medicine as followed here. Of course medicine must be understood here to include also surgery, for although recognised in fact, the distinctions between surgery and medicine are not accepted in the language or in the theory of the Faculty. Surgeons are all doctors, and physicians have also a qualification in surgery; although M. Trousseau would not think of amputating a leg, and, perhaps, Nélaton would not prescribe for a phthisical patient. Of the latter fact, however, I am not so certain; for since surgeons are also physicians, the etiquette in this respect is by no means rigid, and here, more than in London, would apply the celebrated definition of medical and surgical patients ascribed to your "Nestor" of surgery,—Mr. Lawrence,—that "surgical patients were all those patients who paid fees, medical patients all those who did not." The limits between surgery and medicine are obviously altogether artificial and arbitrary; and the difficulty is well got over here by requiring the possession of a joint degree by every practising physician and surgeon, and leaving it to himself to determine the particular line of practice according to his bent or the force of circumstances. The line is especially difficult to draw in obstetric practice, usually followed by physicians in England as elsewhere, but involving a multitude of operative proceedings requiring much surgical skill.

It is precisely of obstetric operative practice that I have to speak in this letter. Dr. Marion Sims, of New York, is now practising in Paris, and as the improvements which he has introduced into what may be called the surgery of females have revolutionized that department of the art all over the world, and his procedures have formed the basis of a new and happy era in the treatment of the series of fistulæ and other diseases of women which were previously incurable, it will be interesting to give some particulars of what he has been doing here surgically since, like many other Americans, he has sought a home in Europe.

Dr. Sims had already achieved a great reputation in America and England by his introduction of silver wire sutures—certainly one of the most important surgical improvements of the century; and by his immediate application of this discovery to the cure of all kinds of fistulæ and clefts in the mucous canals. The success with which he operates on deformities and deficiencies of this kind was not, however, at first fully appreciated in Paris; and when he came over, he was asked to operate on some of the most difficult cases of prolapse of the bladder from sloughing of the tissues, and utero-vesical and vaginal fistulæ, which were known to exist in this capital. He had a triumphant success in these cases, which had been abandoned as hopeless, but which he cured with a single operation; and his reputation soon extended so greatly that he was summoned to the highest and most important personages, and the Emperor has given him a special permission to practise in Paris. It is no breach of confidence, since the fact has already appeared in print, to mention that Dr. Sims has been consulted by the Empress, whose general health is good, but who is known to be delicate.

The great improvements which have constituted Dr. Sims's most precious contributions to obstetric surgery are sufficiently well known in England, but as he is a man who has all his life done much more than he has talked or written about, I will only jot down some of the facts which I have gathered as to his practice in some matters of special interest, in which he has, without publishing, anticipated a good deal that has subsequently been published and forms the theme of discussion.

I pass over other more ordinary fistulæ in which his simple and successful practice, with or without the complications of his pupil Bozeman, is generally followed, to speak of cases of utero-vesico-vaginal fistulæ where the neck of the uterus—more particularly the anterior portion of it—is thoroughly destroyed. Dr. Sims's method of curing the fistula is by bringing its vaginal borders together in such a manner as to shut up the cervix uteri in the cavity of the bladder. The vagina then becomes a blind pouch. The menses pass into the bladder, mingle with the urine, and the patient passes bloody urine during the menstrual flow. The last operation of this kind which Dr. Sims performed was in Paris, about ten months ago, and in the presence of Dr. Rayer, the late Dean of the Faculty, Sir Joseph Oliffe, Dr. M'Carthy, and others. His first operation of this sort was in Alabama, in 1849. I believe it is now a recognised proceeding in London; and Mr. James Lane has lately recorded a singular case in which even after this operation the patient became *pregnant*, probably through the medium of some capillary communication left between the vagina and the uterus. I have not seen the details of that case, but in the latter particular it is unique. Dr. Marion Sims has performed the operation more than a dozen times, and has not seen any inconvenience from it.

You published last year a paper by the London surgeon whom I just mentioned—Mr. James Lane—"On Lithotomy in the Female Bladder," in favour of the vesico-vaginal incision. Dr. Sims considers that the facility and invariable success with which a cut in the vesico-vaginal septum may now be closed suggest this as "the only justifiable operation for stone in the female bladder." He performed this operation first in 1850. It has since been repeatedly performed in America by Dr. Emmett, of the Women's Hospital of New York, and by Dr. Bennett, of Connecticut. The simplicity, safety, and unfailing success of the operation are spoken of in warm terms.

The application of this to the parallel method of *recto-vesical lithotomy in the male*, is a subject worthy of careful con-

sideration. Recto-vesical lithotomy *in the adult* is a proceeding which was used long before the introduction of metallic sutures, and was followed with modifications by Mr. Lloyd, of St. Bartholomew's. Without these sutures it was liable to a serious objection—the occasional persistence of recto-vesical fistula. The silver-wire sutures, however, promise to obviate this inconvenience. Dr. Sims has mentioned to me a case in which Dr. Bauer, of New York, operated by this plan in 1859, Dr. Sims putting in the sutures. He says: "The patient was placed on the left side, and my speculum was introduced into the rectum, exposing the anterior wall of the rectum, just as it would the vagina in the female. A sound was passed into the bladder. The Doctor entered the blade of a bistoury in the triangular space bounded by the prostate, the vesiculæ seminales, and the peritoneal reduplication. He passed the finger through this opening, felt the stone, and removed it with the forceps without the least trouble. The operation was done as quickly and as easily as it would have been in a female through the vaginal septum. After the removal of the stone, Dr. Bauer kindly asked me to close the wound with silver sutures, which I did, introducing some five or six wires with the same facility as in the vagina. There was no leakage of urine. The patient recovered without the least trouble of any sort. The wires were removed on the eighth day, and on the ninth day the patient rode in a carriage with Dr. Bauer a distance of four or five miles, to call on and report himself to our distinguished countryman, Dr. Mott. The facility and safety of executing recto-vesical lithotomy (except in children, for anatomical reasons), and the success of closing at once the cut by the introduction of metallic sutures, ought to make this the operation in the male."

With this I must close the letter, but have more to say on similar subjects.

LANCASHIRE DISTRESS MEDICAL FUND.

AT a meeting of the Committee held on the 21st of January it was resolved to adjourn until Wednesday, the 3rd February. On that day further grants will be made on applications from medical practitioners in the distressed districts, and the disposal of the balance will be decided upon. It was also decided to send £25 to Mr. Galt, Surgeon, and Mayor of Ashton-under-Lyne, and £10 to Dr. R. C. Brown, of Preston.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen have just passed their preliminary examinations at this College, viz.:—Messrs. G. Abbott, G. Andrews, J. Bartlett, J. J. Benyon, J. G. Beasley, H. M. Briggs, R. B. Boswell, J. W. Barman, H. Case, R. M. Cole, G. J. Chadwick, J. W. Carr, W. Davies, T. V. de Denne, T. B. Dyer, W. Drinkwater, W. H. Edwards, H. T. Elliot, J. T. Evans, J. Evans, C. Fitzgerald, J. T. Fox, J. Foster, T. W. W. Fay, T. B. Turner, A. S. Gatty, E. Gill, J. H. O. Goulden, J. T. Green, A. F. Greenhill, C. Gadson, W. H. Gregory, A. Hallam, S. L. Herbert, H. E. Hestling, C. E. Hobbes, J. G. Huxford, W. D. Hutchins, C. Higgens, J. S. Jarvis, J. Jenkins, R. W. Jones, H. E. Juler, E. J. Kirkman, T. W. Lee, C. W. Latham, A. Morton, C. G. Newington, R. B. Nowell, E. Peacock, J. E. Peirce, R. H. Prior, J. W. Pinder, J. Reynolds, G. M. Roberts, G. Salt, J. P. Smith, L. Smith, R. H. Stevens, E. E. Tarleton, G. E. Torry, A. Wall, G. E. Walker, C. Wells, and T. E. Webb.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 14th January, 1864:—

Keene, Frederick Joseph, Holbrook, Ipswich.
Ryley, James Bredin Beresford, Myshal, Co. Carlow, Ireland.

ROYAL COLLEGE OF PHYSICIANS.—The Lectures of the present year will be delivered at the College at five o'clock on each of the following Wednesdays and Fridays:—Dr. Garrod, Jan. 27th, 29th, Feb. 3rd, 5th, 10th: "The British Pharmacopœia; its Construction, its Comparison with the London Pharmacopœia, and the Value of its New Remedies in the Treatment of Disease."—Gulstonian Lectures—Dr. Markham, Feb. 12th, 17th, 19th: "The Uses of Bloodletting in Disease."—Croonian Lectures—Dr. Basham, Feb. 24th, 26th, March 2nd: "On Dropsy; its Significance as a Symptom in Renal Cardiac, and Hepatic Diseases."—Lumleian Lectures—Dr. Barclay, March 4th, 9th, 11th: "Fallacies in the Application of the Inductive Method of Reasoning to the Science of Medicine."

LECTURES AT THE COLLEGE OF SURGEONS.—Professor Huxley, F.R.S., will resume his lectures in the theatre of the Royal College of Surgeons on the 2nd of February, and will deliver twenty-four lectures "On the Structure and Classification of the Mammalia." At the conclusion of which Professor Fergusson, F.R.S., will deliver his course "On Human Anatomy and Surgery." The lectures will be delivered as usual on Tuesdays, Thursdays, and Saturdays, at four o'clock.

THE MEDICAL COUNCIL.—There is little doubt that Dr. Alderson, the Treasurer of the Royal College of Physicians, will succeed Dr. Burrows as representative of the College in the Medical Council. Dr. Alderson is a man of business, and a consistent reformer.

TESTIMONIAL TO MR. SKEY.—A meeting has been held among the pupils of St. Bartholomew's, Dr. Andrews, the Warden, in the chair, at which it was resolved that a testimonial should be raised to Mr. Skey, on the occasion of his retirement from the Surgeoncy of the Hospital. All the old pupils and friends of Mr. Skey will be glad to hear of this token of esteem and regard.

ST. BARTHOLOMEW'S HOSPITAL.—On the 12th instant the House Committee of Governors of St. Bartholomew's Hospital assembled, according to ancient custom, to receive applications from candidates desirous of filling the posts of Physician and of Surgeon to the Hospital, rendered vacant by the resignations of Dr. G. Burrows and Mr. Skey. The two gentlemen who offered themselves were Dr. Senhouse Kirkes and Mr. Holmes Coote, respectively the Senior Assistant-Physician and the Senior Assistant-Surgeon. They were duly approved by the Court, and will doubtless receive the recommendation of that body at the General Court of Governors, which meets on the 27th instant. The appointments of Physician and Surgeon having been made, vacancies will be declared for an Assistant-Physician and Assistant-Surgeon. It is not yet known how many gentlemen will present themselves as candidates, but these appointments to the large hospitals always excite much interest in the profession.

M. VELPEAU AT THE ACADEMY OF SCIENCES OF PARIS.—This eminent surgeon has just vacated the President's chair of this Academy, and it redounds in no small degree to the honour of the profession that such an eminent post has been held and so worthily occupied by M. Velpeau. It reminds us of Sir B. Brodie presiding at the Royal Society. Our readers are aware that the Academy consists of numerous sections, the members of which are eminent in the different branches of science. Among these branches there is of course one for Medicine and Surgery, and the attainment of a membership in this section is the highest point towards which the imagination of French physicians and surgeons is wont to soar. M. Velpeau delivered, before leaving the chair, a most appropriate and touching speech, in which he especially dwelt on the fact of having started from the humble ranks of life, and having at last obtained the envied honour of presiding, for one year, over the Academy of Sciences of Paris.

CLERICAL, MEDICAL, AND GENERAL LIFE ASSURANCE SOCIETY.—The following arrangements, rendered necessary by the lamented death of the late Chairman, Joseph Henry Green, Esq., D.C.L., F.R.S., have been made in the direction of this Society:—The Right Hon. J. R. Mowbray, M.P., has been appointed Chairman; Wm. Bowman, Esq., F.R.S., and Sir Chas. Locock, Bart., Deputy-Chairmen; and James Paget, Esq., F.R.S., Surgeon to St. Bartholomew's Hospital, and Surgeon Extraordinary to the Queen, has been elected to fill the vacant seat at the Board. The other Medical Directors, who, with the three last named, make up the number required by the Deed of Constitution, are Henry W. Acland, M.D., F.R.S.; Patrick Black, M.D.; James Dunlap, M.D.; Arthur Farre, M.D., F.R.S.; and Alex. J. Sutherland, M.D., F.R.S.

EXTRAORDINARY LONGEVITY.—Some rare instances of prolonged life have been lately presented in the obituary of *The Times*. In a recent number the deaths of five gentlemen and three ladies are recorded whose united ages amounted to 681, giving an average of upwards of 85 years to each. The eldest was a gentleman aged 102; the youngest, also of the same sex, was 80; the eldest lady was 87, and the youngest 82. Again, on the 19th inst. appears, amongst many others, ten whose united ages amounted to 862 years, the eldest being

a lady aged 98, and the youngest, of the same sex, being 80 years of age; the eldest gentleman was 91, and the youngest 82. The same paper also gives a short notice of a lady who lived in a state of celibacy until the age of 60, when she married, and lived 47 years afterwards, having reached the extraordinary age of 107 years. On adding this lady's age to the 862, we have a grand total of 969, or an average of 88 years for each person. The following day (the 20th inst.) there appeared also eight ladies and one gentleman representing a total of 789 years—the fair sex, as usual, taking the lead, the eldest having reached 98 years, and the youngest 82; the gentleman was 83. The average age of this group would be 87 years and 8 months. *The Times* of the 21st announced, amongst others, eight persons whose united ages amounted to 675, giving an average of 84 years and 4 months to each individual; the eldest was 93 and the youngest 80 years of age. Some curious and interesting mortality statistics could be compiled from the obituary of *The Times*.

DR. RAYER.—We stated last week that this eminent physician had resigned the Deanship of the Faculty and the chair of Professor of Comparative Medicine. We now hear that Dr. Rayer has received from the Emperor the rank of Grand Officer of the Legion of Honour, the highest grade in the Order.

NEWARK HOSPITAL.—A new operating-room and other improvements are about to be made at the Newark Hospital.

THE GERMAN HOSPITAL, DALSTON.—The new buildings are now nearly completed. The memorial stone is to be laid in May by his Royal Highness the Duke of Cambridge.

OPHTHALMIA IN HAMBURG.—Egyptian ophthalmia has broken out to a serious extent among the Austrians in garrison. There are more than fifty cases in an hospital recently established in the neighbouring village of Eimsbattel.

ORTHOPÆDIC HOSPITAL.—Mr. Holmes Coote has resigned, or will immediately resign, his appointment of Assistant-Surgeon to the Orthopædic Hospital.

THE DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE NAVY, Sir John Liddell, whose health has for some time been delicate, has applied for temporary leave of absence; but that indulgence has been refused, and it has been suggested to him that at his advanced age he might honourably retire from duties too arduous for him.

THE NEW MEDICAL ACT.—A meeting of the chemists and druggists of the Potteries has been held at Hanley, at which it was resolved to present a petition to Parliament against the fifty-fifth clause of the new Medical Act. We presume that the gentlemen forming the meeting were not members of the Pharmaceutical Society.

Obituary.

SIR JAMES ROBERT GRANT, M.D., C.B., K.H., K.S.A.

NINETY-ONE years ago, at a very early period of George the Third's long reign, the subject of this memoir was born. He was a son of the late Duncan Grant, Esq., of Lingreston, in Moray, N.B., and was born at Forres, in that county. His sister, still living, married, in 1810, the late Sir James McGrigor, Bart., who was so long Inspector-General of the Army Medical Department. The period during which Sir James Grant served with the army is now so distant, and it was so eventful in the history of England, that a brief reference to the campaigns in which he took part will probably be read with interest. The honours which his zeal and intelligence procured for him make his name a worthy one to be prominently recorded in the annals of the profession of which he was for such an unusual length of time a member.

At the age of twenty years Sir James entered the Medical Service of the Army, which was then distinguished by the presence at its head of the renowned John Hunter. He served first in the capacity of Hospital-Assistant in the campaign in the Netherlands, under the Duke of York, in 1793. The turbulent and aggressive spirit shown by the French Republic had produced at this time in England a state of excitement which the execution of Louis XVI. served to raise to its highest pitch, and the feelings of abhorrence thus aroused found their vent in a declaration of war. The expedition was at first attended with some success. The French were defeated at the battle of Famars, and the towns of Condé and Valenciennes surrendered to the allies. Dunkirk was besieged, but, owing to the non-arrival of a naval contingent, the allies were forced to a somewhat disastrous retreat. In these operations Sir James (then Dr.) Grant took part, and earned for himself so much distinction that, only two years afterwards, he was appointed Senior Staff Surgeon to the expedition for the capture of the Cape of Good Hope.

The commencement of the 19th century saw a continuation of hostilities between England and France, and in the month of May, 1809, an ill-advised expedition was directed to the Island of Walcheren, at the mouth of the River Scheldt. Sir James was appointed Inspector to the forces in the field, and in that capacity assisted at the bombardment of Flushing, and in the capture of South Beveland. The position which our troops were forced to occupy for several months during the summer of 1809 in the low and marshy islands of Walcheren and Beveland produced amongst them a fearful amount of sickness. Fever of a malignant kind, constantly brooding among the marshes and stagnant canals, attacked the army with the force of a pestilence. Sir James did not escape. Overworked, and oppressed by the anxieties and responsibilities inseparable from his post under such circumstances, he was himself attacked with fever, from the effects of which he long suffered. Large numbers of the men died on the spot, whilst others, who escaped with life, brought back with them chronic disorders and shattered constitutions which long rendered the name of the Walcheren fever a subject of terror to Englishmen. Napoleon saw with joy the army of his enemy thus consigned to an obscure and disgraceful death, and his satisfaction broke out even in his bulletins. "We are rejoiced," he said, in a letter to the minister-at-war, "to see that the English have packed themselves in the morasses of Zealand. Let them only be kept in check, and the bad air and fevers peculiar to the country will soon destroy their army." The city of Antwerp, the capture of which was the ultimate object of the expedition, was never reached, and late in the year the relics of a fine army, originally numbering forty thousand men, but of which nearly one half was now either dead or on the sick-list, returned to England. History is replete with accounts of similar results where strategic movements have been attempted in defiance of sanitary considerations. Experience so dearly purchased is gradually influencing for the better the conduct of military operations, but it will be long apparently before the fact will be thoroughly appreciated that the first requirement of an effective army is health.

In the years 1813 and 1814, Sir James was actively employed as chief of the Medical Staff in the campaigns in Holland and Belgium. The hasty but vigorous campaign of 1815 found him occupying the proud position of Inspector-General of Army Hospitals under the Duke of Wellington. He took part in the action at Quatre Bras, and on the field of Waterloo conducted with untiring energy the well-nigh overwhelming labours which that decisive but bloody battle entailed upon the Medical Staff. During the three years' occupation of Paris by the allies which ensued thereupon, he continued to hold the same appointment.

In acknowledgment of his distinguished services Sir James was created a Knight of the Hanoverian Order, and received the Order of the Bath and the Waterloo medal. In 1811 he had received the Order of St. Anne of Russia from the Emperor Alexander in person, for his services to the Russian army in France under Count Woronzow.

In 1819, he retired from the Army. Since that period his life has been passed tranquilly in the society of his family and friends. Of the latter his genial disposition and hospitable nature procured him a large number. His death took place suddenly on the 10th instant, whilst staying in the neighbourhood of Nottingham. Of late years his health had been broken to a certain extent by the infirmities peculiar to his great age, but his faculties were retained to the last in a remarkably perfect condition. The writer of these lines, who enjoyed the pleasure of his intimate acquaintance for some years past, received from him but a few weeks since a letter full of kindly sentiments and touches of humour, written in a fine legible hand, without the aid of glasses.

Sir James was tall, and of commanding presence, with an air of courteous dignity more rarely perhaps met with in the present than in a former day. His features were bold and expressive, and his figure, military in its uprightness, gave no token

of the eventful years which had passed over it, nor of the heavy cares of office under which it might well have been expected to bow. His death deprives us of nearly the last of our gallant countrymen who took part in the first and concluding struggle of England against the encroachments of the Hannibal of modern times.

On Monday, the 18th instant, the mortal remains of the deceased gentleman were interred in the small burial-ground at the west end of St. Mary's Church, Carlisle, leave having been obtained from the Secretary-of-State to re-open the family vault for that purpose.

FRANCIS BOOTT, M.D.,

VICE-PRESIDENT OF THE LINNÆAN SOCIETY.

BY the death of Dr. Francis Boott, Vice-President of the Linnæan Society of London, and President of the Committee of Council of University College, the profession has lost a distinguished ornament, and science a most disinterested and genuine cultivator.

By birth an American, but of British parents, Dr. Boott received his early education in Harvard College, Boston, Massachussetts. At the age of sixteen he came over to England, and spent several years alternately in this country and the United States, cultivating his mind assiduously in English literature and the classics, preferring poetry to prose; and spending much time in collecting and studying plants, of which he formed an extensive North United States herbarium. Thus, when still unburthened with the preparation for the arduous profession which he subsequently entered, he was laying the foundation for those many accomplishments for which he was ever afterwards distinguished, and which rendered him one of the most agreeable companions and charming conversationalists with whom it was our good fortune ever to be associated.

At the comparatively late period of life of twenty-eight, Dr. Boott commenced the active study of medicine in London, under Dr. Armstrong, the eminent authority on fever. He, however, finished his education in Edinburgh, taking his Doctor's degree there in 1824, whence he returned to London and commenced practice as a physician. Already well known as a scientific man of formed character, polished mind, and most attractive manners, and being intimately acquainted with Sir Joseph Banks, the late Dr. Robert Brown, Mr. (now Sir) William Hooker, and the many illustrious men who frequented the Banksian breakfasts and *soirées*, and the Linnæan Society, Dr. Boott was not long before he established himself in good practice. At the same time, too, he became Lecturer on Botany and a colleague of Dr. Armstrong in the Webb-street School of Medicine, which lectureship he held for only two years, to the infinite regret of his pupils, who were no less charmed by the matter and manner of his lectures than by the warm and kindly interest he displayed in their moral and material success. Dr. Boott did not long continue to practise professionally; for the last thirty years, indeed, he may be considered to have retired, and therefore little now can be said of his mode of treatment of disease, beyond the well-authenticated fact that he was one of the first physicians who adopted the modern treatment of fevers, in so far as to give abundance of fresh air to the patient. That he had made fevers, however, the subject of very extensive reading and careful study and observation is manifest from his "Inquiries into the Forms of Marsh Fever," which he appended to his very valuable "Life of Dr. Armstrong," in which he also entered at length into the fevers of the United States, and into the history of the plague, and the several changes in its type which attended its progress from Egypt and the Mediterranean, through Italy, France, Holland, and England—changes which he attributed to the mean temperature of the several localities, and which did not altogether obliterate the periodic nature of the disease.

With the exception of his intimate connexion with University College, from its foundation, and the warm interest he took in every discovery and advance in scientific practice, Dr. Boott's retirement from professional life was complete; he gave himself up wholly to his favourite classics and poetry, to the study of an obscure and difficult tribe of plants, the Carices, and to the active duties of secretary, and afterwards treasurer, of the Linnæan Society. In the latter capacity he was best known and most highly honoured; and indeed it would be difficult to select from the long list of office-holders in that eminent body a member who more thoroughly enjoyed both the confidence and affection of his colleagues and the visitors. His genial manners, friendly greetings, and considerate attentions to the young and friendless especially, rendered him a universal favourite; whilst his tall slim figure, delicate features, and habitual blue coat, bright buttons, and buff vest, marked him out as a gentleman of the old school, a contemporary of the portraits on the walls, rather than of the generation around the president's chair. It was, however, in the active duties of his office that his services to the Society were most conspicuous, and in these he has had no superior for zeal, wisdom, and judgment, and the tact to rule the council for good in all things appertaining to his office.

Dr. Boott's published works were few, but of considerable moment. Of his "Life of Dr. Armstrong" we have already spoken. Within the last few years he issued two volumes of a folio work on his favourite genus Carex, containing several hundred elaborate plates and descriptions prepared at his own cost. This work is most highly esteemed amongst botanists, both for its great accuracy and utility, and is certainly a remarkable monument of its author's industry, zeal, and princely liberality.

Besides being a fellow of the Linnæan Society, Dr. Boott was an honorary fellow of various learned foreign bodies, especially American; and it is hardly needful to assert that he was as widely known as any botanist of his day. His habits were of the simplest, his disposition singularly modest and almost retiring; his sympathies, as wide as his charity, were large, and his affections warm. He married when still a student, and leaves a widow and several children, for the most part married.

Dr. Boott was never a vigorous man. Some twenty-five years ago he experienced a very severe attack of pneumonia, from which he never altogether recovered. In June of the present year he was again seized with disease of the right lung, and, after many fluctuations, he finally sank on Christmas Day, at the age of 71. From the first he augured ill for the termination of his disease, but nevertheless habitually occupied himself, almost to the last, with his favourite pursuits, especially his Carices. He died in perfect resignation, and with very little pain. Thus closed the life of one who had shed far more happiness on his fellow-creatures than most, but so unobtrusively that his merits are less generally known than they deserve to be.

MEDICAL VACANCIES.

Hospital for Sick Children, Great Ormond-street—Assistant-Physician.
Loughborough Dispensary—House-Surgeon.
Ongar Union (District No. 2)—Medical Officer, vice Dr. Wales, resigned.
South Staffordshire General Hospital—Surgeon, vice Mr. Coleman, resigned.

MEDICAL APPOINTMENTS.

C. J. AIKEN, M.D., has been elected Medical Officer and Public Vaccinator for the North Alton or No. 1 District of the Alton Union, vice Curtis, resigned.

J. H. ALLINGHAM, M.R.C.S., has been elected Honorary Dental Surgeon to the Asylum for Female Orphans, Westminster-road.

J. A. ARGUS, M.R.C.S.E., has been appointed Medical Officer for District No. 7 of the Newcastle-upon-Tyne Union.

C. O. BATLIS, M.D., has been appointed Medical Officer of Health for Birkenhead.

R. CARTER, M.R.C.S.E., has been appointed Resident Medical Officer to the Eastern Dispensary, Bath.

J. W. CAVANAGH, M.R.C.S.E., has been elected Honorary Medical Officer to the North Dispensary, Liverpool, vice L. E. Desmond, L.R.C.S.I., resigned.

J. COLLYER, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Town District and the Workhouse of the Enfield Union, Middlesex.

W. CONNOR, M.B., has been appointed Medical Officer to the Royal Victoria Patriotic Asylum and Boys' Temporary Home, Wandsworth-common, vice J. J. Paul, M.D., resigned.

J. DALGLEISH, M.R.C.S.E., has been appointed Medical Officer for District No. 5 of the Newcastle-upon-Tyne Union.

M. C. DUKES, L.R.C.P., has been appointed Medical Officer and Public Vaccinator for the Highway District of the Enfield Union.

C. GOBSON, F.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Mill-Corner and Cockfosters District of the Enfield Union.

J. T. JONES, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Llanfihangel District of the Festiniog Union, Merionethshire, vice R. Richards, M.R.C.S.E., resigned.

G. T. JOYNSON, L.F.P. & S. Glas., has been elected Medical Officer and Public Vaccinator for the 1st Division of the Northwich District of the Northwich Union, Cheshire, vice S. Foster, L.R.C.P.Ed., deceased.

C. F. KEELE, M.R.C.S.E., has been appointed Surgeon to the Royal Mail Company's Steam Ship "Shannon."

T. C. LANGDON, F.R.C.S.E., has been elected Surgeon to the Hants County Hospital, Winchester, vice H. G. Lyford, M.D., resigned.

T. LAVEAIX, M.D., has been re-elected Physician to the Glasgow Asylum for the Blind.

R. B. MALCOLM, M.D., has been appointed Physician to the Fettes College Edinburgh.

W. O'NEILL, M.D., has been elected Physician to the Lincoln Lunatic Hospital, vice D. Chawner, M.D., deceased.

J. A. OWLES, M.D., has been appointed House-Surgeon to the Hospital for Women, Soho-square.

W. OXLEY, M.R.C.S.E., formerly House-Surgeon to the Huddersfield Infirmary, has been elected a Medical Officer of the Rotherham Dispensary, Yorkshire, vice H. Wilkinson, M.R.C.S.E.

J. T. PAUL, M.R.C.S.E., has been elected Surgeon to the Hunter-street Section of the E Division of the Metropolitan Police.

J. PENHEWAN, M.R.C.S.E., has been elected Medical Officer for the Parishes of Gwennap and Stithians in the Redruth Union, Cornwall, vice G. Michell, M.R.C.S.E., resigned.

J. RICHARDS, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Coopers'-lane District of the Enfield Union.

E. ROBINSON, M.R.C.S.E., has been elected a Medical Officer of the Rotherham Dispensary, vice R. Robinson, M.D., deceased.

H. V. SANDFORD, M.D., has been elected Medical Officer and Public Vaccinator for the Bentley or No. 3 District of the Alton Union.

F. SIZER has been elected an additional Dental Surgeon to the Birmingham Dental Dispensary.

B. C. SYKES, M.D., has been elected Medical Officer and Public Vaccinator for the Cleckheaton and Hunsworth District of the North Bierley Union, Yorkshire, vice H. Mackley, L.F.P. & S. Glas., resigned, on being appointed to the Wilsden District of the same Union.

F. H. WATTS, M.R.C.S.E., has been appointed Resident Apothecary to the Middlesex Hospital.

T. W. WEBB, L.F.P. & S. Glas., has been elected Medical Officer and Public Vaccinator for the Kilpatrick Dispensary District of the Cashel Union, Co. Tipperary, vice R. Graham, L.R.C.S.I., resigned.

J. C. WILSON, M.D., has been appointed House-Surgeon to Chalmers' Hospital, Edinburgh.

T. WILSON, M.D., has been elected Medical Officer and Public Vaccinator for the South Alton or No. 2 District of the Alton Union.

Births, Marriages, and Deaths.

BIRTHS.

On the 6th inst., at Hopetoun-place, Glasgow, the wife of Thomas Lapraik, M.D., of a son.

On the 17th inst., at Driffield, Yorkshire, the wife of Thos. Britton, M.D., of a daughter.

On the 17th inst., the wife of G. J. Hisnell, M.R.C.S.E., of Bury St. Edmunds, of a daughter.

On the 18th inst., at Oxford-road, Manchester, the wife of C. D. F. Phillips, M.D., of a daughter.

MARRIAGES.

On the 19th ult., at St. Mary's, Whitby, Samuel Job, Esq., Surgeon, of Newark-on-Trent, to Clara Matilda, youngest daughter of Thos. Bramley, Esq.

On the 5th inst., at St. Luke's Church, Liverpool, John Mottershead, Esq., Surgeon, of Macclesfield, to Amelia, daughter of Thomas Blease, Esq., of Altrincham.

On the 20th inst., at St. George's, Hanover-square, H. Buss, M.D., to Elizabeth, eldest daughter of the late John Carter, Esq., of Norton-Folgate.

DEATHS.

On the 15th ult., at Honley, near Huddersfield, Joseph Lockwood, M.R.C.S.E., aged 29.

On the 6th inst., at Park-road, Frederick Lonsdale Hughes, youngest son of J. M. Bennett, M.D., aged 10 months.

On the 8th inst., G. Fearnley, M.D., of Grove House, Dewsbury, Yorkshire, Mayor of the Town.

On the 12th inst., at Hounslow, Middlesex, Henry Marsh, M.R.C.S.E., late of Aldborough, near Darlington, Yorkshire, and of St. Ives, Huntingdonshire, aged 50.

On the 17th inst., at Greenwich Hospital, John Smith, M.R.C.S.E., Lecturer on Chemistry to the Greenwich Hospital Schools.

On the 19th inst., R. G. Hardwick, M.D., of Park-square, Leeds, one of the Physicians to the Leeds Infirmary, aged 30.

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Medical Diary of the Week.

MONDAY, JAN. 25

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON. — 8½ P.M. Mr. Walter J. Coulson, "On Lithotrity."

TUESDAY, JAN. 26

GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Experimental Optics."
ETHNOLOGICAL SOCIETY. — 8 P.M. Mr. Alfred R. Wallace, "On the Ethnology of the Indian Archipelago." — Mr. S. Casie Chitty Maniegar: "An Account of the Mookwas in the District of Putlam in Ceylon."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—8½ P.M. Dr. Habershon, "On Effects of Implication of the Pneumogastric Nerve in Aneurismal Tumours," (conclusion.)—Dr. John Harley, "On the Endemic Hæmaturia of the Cape of Good Hope."—Mr. Callender's "Account of Amputations at St. Bartholomew's Hospital, 1853–63."

WEDNESDAY, JAN. 27

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Dr. Garrod: "The British Pharmacopœia; its Construction, its Comparison with the London Pharmacopœia, and the Value of its New Remedies in the Treatment of Disease."

THURSDAY, JAN. 28

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL — Operations, 1 P.M.
LONDON HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Experimental Optics."

FRIDAY, JAN. 29

WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Dr. Garrod: "The British Pharmacopœia; its Construction, its Comparison with the London Pharmacopœia, and the Value of its New Remedies in the Treatment of Disease."
ROYAL INSTITUTION. — 8 P.M. Prof. Frankland, "On the Glacial Epoch."

SATURDAY, JAN. 30

ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
LOCK HOSPITAL, Dean-street, Soho.—Clinical Demonstrations and Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION. — 3 P.M. Mr. John Lubbock, "On the Antiquity of Man."

To Correspondents.

THE RIGHT OF CORONERS TO APPOINT THEIR SUMMONING OFFICERS.

WE have received a letter from *Dr. W. J. Collins*, Albert-terrace, Regent's-park, on the subject of the article in last week's LANCET, headed "The St. Pancras Vestry and the Coroner's Office." We regret that Dr. Collins's letter contains so much which is irrelevant that it cannot find a place in our columns. Dr. Collins should observe that we have no intention to enter into individual charges against the particular beadle in question, "or any other beadle," but are only concerned to vindicate the independence of the Coroner's Court, and his right to appoint his own officers. Any remarks addressed directly to this question we shall be happy to insert. Dr. Collins virtually admits the entire correctness of the view which we have taken by the total reticency of his letter as to any facts or arguments on the other side.

Fraser and Andrews Defence Fund.—We have received 21s. from Dr. Magrath, Teignmouth, towards this fund.

IF *Remorse* will send us his name and address, he shall receive the information.

CANDLES *versus* PEAT.

To the Editor of THE LANCET.

SIR,—In your "Notices to Correspondents" in your last impression, I perceive that Mr. Smith has written to you, stating that he had nothing to do with the instigation of the recent action. However, I shall feel obliged by the profession withholding their opinion upon Mr. Smith's conduct in the affair until the judgment of the Colchester Medical Society, in whose hands I have placed it, is made known.

Yours truly,

Maesmingtree, Essex, Jan. 1864. THOMAS PEAT, M.R.C.S.

THE BEDFORD INFIRMARY.

ANY unnecessary interference with the duties of hospital surgeons on the part of governors is open to grave objections. This is more especially the case when the laws of the hospital are sufficient to meet all ordinary contingencies. An instance of this injudicious interference has lately occurred at Bedford. The mayor of that town, at a late meeting of the governors of the infirmary, attempted to pass the following extraordinary resolution:—"That, in the opinion of this meeting, patients of the infirmary whose cases are protracted or difficult should have the advantage of the skill and experience of the whole medical staff." A resolution like this might well be supposed to be the result of an inquiry into some case in the treatment of which the ordinary medical officer, although he might have exercised all the skill which the experience of gentlemen in such positions necessarily implies, had been unsuccessful, and that he had been guilty of culpable dereliction of duty in concealing any unusual facts from the visiting surgeons, or, with an obstinate adherence to routine, keeping the case to himself. If any such fact could be substantiated, it was the bounden duty of any gentleman introducing the subject to have the matter fully investigated. But the worthy magistrate, in his anxiety to avoid being "dragged into a discussion," contented himself with proposing an abstract resolution. In this he acted prudently; for it is to be supposed that when it was requisite, the entire staff was consulted, in obedience to the regulations of the institution. It is somewhat remarkable that the mayor, who we believe, by virtue of his office, is chairman of the board, should have been ignorant of that bye-law of the infirmary which states, that "each surgeon should not interfere with the others' cases, except in those of difficulty, when he shall call in the aid of his brother medical officers." There can be no doubt that the worthy chairman was actuated by really benevolent motives; but he certainly was not happy with respect to the grounds on which he attempted to support his resolution. It is satisfactory to state that several of the governors, particularly Colonel Higgins, had a keener view of the duties and responsibilities of the medical gentlemen, who give their services gratuitously to the institution. We notice the proceedings at Bedford simply with the view of drawing the attention of the public to the serious mischief which would inevitably ensue from an injudicious interference on the part of the governors with the duties and responsibilities of the medical officers of our public charities. These gentlemen discharge the functions entrusted to them both conscientiously and faithfully, and it would be an act of gross injustice to them, and one most prejudicial to the patients entrusted to their care, if they were to be subjected to the caprices and petty interference of any individual member of the governing body.

A Sufferer.—Judging from experience, we should say that Lobelia inflata will be found a very useful agent in the treatment of some forms of dyspnœa. It constitutes quite a *pièce de résistance* of the quack herbalists.

Hon. Assistant-Surgeon.—They are liable.

THE letter of *Dr. Bree* on the Townley case shall receive attention next week.

BLEEDING OF MAMMIFEROUS ANIMALS AFTER DEATH FROM DROWNING, BEFORE DECOMPOSITION TAKES PLACE.

To the Editor of THE LANCET.

SIR,—I have read with some interest in your journal of last week the remarks on a question suggested by "Jurist" on a case of drowning of a young woman. It is stated by Dr. Metz, that although the body had been some days in the water, it bled from the lips and lobes of the ears. The following extract from a work on Animal Heat by that eminent physiologist, the late Dr. James Carson, of Liverpool, may throw some light on this subject:—

"It has generally been supposed that when an animal is drowned, none of the fluid in which the animal has been immersed enters the windpipe. This opinion has arisen from the circumstance that no water is found in the windpipe or any of its branches of an animal recently drowned. The opinion that water does not enter the windpipe of an animal in the act of drowning is erroneous. It does so freely. In the various experiments which I have made to ascertain this point, I have invariably found the lungs greatly distended; that they never collapsed when the chest was opened, and that the usual collapsing of these organs was prevented by their being filled with water, an incompressible fluid, instead of air. I have drowned rabbits in milk. I found the lungs greatly distended, without collapsing in the least. The whole substance of the lungs was as white as the milk in which they had been immersed. The milk I found had reached the left auricle of the heart. The reason why water is not found in the windpipe of an animal that has been drowned, or in any of its ramifications, appears to be this: while in the water the body of the animal is subjected to the weight of a column of water, in addition to that of the pressure of the atmosphere. This additional pressure acts upon the diaphragm and ribs, and lessens the dimensions of the chest. The dimensions of the lungs are lessened in the same degree. But when the drowned animal is taken out of the water, the pressure made by the column of water, which the body supported when immersed, is removed; the chest expands to a certain extent, and the lungs, necessarily following this expansion, become enlarged, and imbibe from the trachea and its branches the water with which they were filled during the immersion of the body. This conclusion has been in a most satisfactory manner confirmed by the experiments of M. Piolet, of Paris. M. Piolet submersed animals in the prussiate of potash, and in all cases ascertained the presence of that substance in the pulmonary veins, in the left auricle and ventricle of the heart, in the aortic system, and in all the secretions which derive their origin from that system. M. Piolet ascertained by numerous experiments that pulmonary absorption applies to gases, vapours, intoxicating fumes, and to putrid miasmata. The experiments of Dr. Meyer, of Germany, made prior to those of M. Piolet, also prove that liquids poured into the windpipe readily find a passage into the pulmonary veins, and into the left auricle and ventricle of the heart, with the blood of which they mix."

As the lungs do not collapse, there is no accumulation of blood into the chest, as happens in the cases of almost all kinds of death except drowning. The blood will remain in the system as during life, and which will account for the bleeding of drowned animals.

I remain, Sir, yours, &c.,

Liverpool, January, 1864. PHYSIOLOGIST.

ATROPIZED AND CALABARIZED GELATINE.

WE have received letters from *Mr. Streatfeild* and *Mr. Ernest Hart* on the subject of the substitution of gelatine for paper as a vehicle for the salts of atropine and Calabar bean (see THE LANCET of last week, p. 65). It appears that the use of a soluble material in lieu of paper is a desideratum which has recently engaged the attention of both these gentlemen. They seem to have followed a pretty parallel course in their experiments, and to have arrived at precisely similar results. Mr. Streatfeild's communication on this subject is published in the number of the *British and Foreign Medico-Chirurgical Review* for the present month, p. 281. The gelatine was prepared for him by Mr. Squire. Mr. Hart brings to our notice the same fact in reference to the priority of Mr. Streatfeild's publication. This coincidence of results gives the stronger hope that the problem proposed is satisfactorily solved.

X. Y.—Eaton's Footsteps of Chemistry.

Old Subscriber, (Sussex.)—To recover at law, all the items must be specified in the account rendered. We think the surgeon wrong in refusing to supply the information required, though it may be ungracious on the part of his patient to require him to do so.

Mr. Richard Davis.—1. In exceptional cases.—2. Yes.

THE LICENCE IN MIDWIFERY OF THE ROTUNDA HOSPITAL.

To the Editor of THE LANCET.

SIR,—Permit me to state, if only by way of vindicating myself from the stigma "L.M. R.C.S. Eng." has attempted to brand me with—that of imposing upon the interests of the medical profession by advocating the registration of what he seems to think a valueless qualification, on the ground of its being procured for ten guineas, and also an insufficiency of time for study for its possession—if he had just considered a little before he had written his hasty, irrelevant letter, he could not but have seen that my suggestion was worthy of attention, and the spirit of jealousy he manifests, as exhibited in his letter, has blinded him as to the real nature of mine. So far is it from my intention to lower the dignity of professional position, I wish rather to uphold and maintain it, and submit to his views as to the propriety of a man making himself proficient in his knowledge of this lately recognised branch of medical science. If he can find no other reasons to thrust forth for its refusal than the short period of six months for study, and the small fee of ten guineas for admission to it, he had better hold his tongue. The fact of his exhibiting such silly and trifling objections only exposes and discovers an illiberal spirit of monopoly. He might just as well say, because one man is industrious and economical enough to enter at a school where the fees for attendance are very moderate in comparison with other schools, and go through the requirements of the prescribed curriculum of study for £50 or £70, that that is a sufficient reason that he should be refused to be admitted for examination because another man spends a much larger sum of money, and devotes a much longer period of time in acquiring a knowledge sufficient to carry him through. What an absurdity! This is anything but a right and proper feeling that actuates "L.M. R.C.S. Eng.," and very ill-advised and misguided conduct. It does not, in my opinion, very materially substantiate what he wishes to convey. Peradventure he is not aware that until very recently the art of midwifery was not considered a medical acquisition, but that it was merely the superintendence and assistance of what is generally a healthy natural function. Neither is a man necessitated at present to possess a "certificate" of proficiency to enable him to practise it; and if six months is not a sufficient time for him to understand it, I am afraid there will be very little hope of his ever developing sufficient gumption to attain to it: since we see all accoucheurs who have had any experience agree on this point, that the less a man does in a natural labour the better, and they exult when Nature, alone and unaided, is sufficient in the exertion of her powers to accomplish and complete it. And here "L.M. R.C.S. Eng." must admit that six months' tuition at the largest hospital in the kingdom, with the best regulations, and the best professors, and the largest number of applicants, afford ample time and opportunity for anyone to become acquainted with the obstacles that impede or in any way interfere with the progress of this natural healthy function; and then, again, there is the test of an examination as to the abilities and knowledge, which, if questioned, is at once to cast a stigma into the teeth of the very man he admits to be talented professors. Surely they would not license a man to practise Midwifery if they were not satisfied as to his competency for undertaking it. And again, "L.M. R.C.S. Eng." knows very well that a surgeon is not obliged to possess a Midwifery licence to enable him to practise; and yet how many men are there who pass well as surgeons at examination that know anything of this healthy natural function? Why, more than three-fourths of them enter some lying-in hospital to get an insight and introduction to it. Then, if they think proper, they can go in for the College L.M. on producing their Surgical diploma, together with a certificate of having attended twenty or thirty cases, which they can do perhaps in as many weeks as months are required by the Rotunda Hospital professors.

I should advise "L.M. R.C.S. Eng." to read my previous letter again, and reconsider his objections. He is quite right in supposing I should like to register; but as to working for a recognised licence, I am quite content with that of the Rotunda, coupled with eight years' work, four years' experience, and a very large practice, of rendering assistance and superintending that peculiar healthy natural function performed by the daughters of man; and I am open to reproof and correction if I infringe or overstep the boundaries of what is prescribed by the limitations of the necessary requirements of the law for the profession of a man-midwife.

Allow me still further, for the information of "L.M. R.C.S. Eng.," to point out where the mistake lies. It is in the endeavour to attack and reform the opinions of men, instead of their acts and doings, which can be effectually accomplished much easier than in attempting to convert their principles. No law, however framed, will ever deter a man from rendering assistance during the performance of this healthy natural function; but it can prevent his rendering it an unhealthy and unnatural function by bringing him before a tribunal to answer for the consequences of his conduct, and by his paying the penalty.

In conclusion, I still maintain that the Rotunda Hospital Midwifery licence is a qualification, whether registered or unregistered, and the fact of its being granted for the sum of £11 0s. 6*d.* at the expiration of six months' study at the hospital may be an eye-sore to "L.M. R.C.S. Eng.;" but that does not detract from its value or its respectability, nor is it any reason why it should not be registered. I am, Sir, yours obediently,

Church-lane, Whitechapel, Jan. 1864. EDWARD POULSON.

CONVICTION UNDER THE MEDICAL ACT.

THE important case of Wilson v. Denton, in which the doctor proved himself more than a match for the lawyer on points of law, shall receive the attention which it deserves in the next LANCET. There are so many circumstances in the case which require consideration, that we have thought it desirable to postpone any reference to it until next week.

Deceptus.—The quantity of the iodide of iron in a drachm of the syrup varies somewhat according to the manufacturer; but the true amount is usually marked upon the bottle.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—As you have so generously given space in your valuable columns to the various grievances under which the officers of the army medical department have suffered and still have just cause to complain of, permit me, for the information of those who purpose entering the service, to relate a few particulars regarding the manner in which medical officers are still treated in matters affecting their pockets, as well as by men officially styled their superiors.

In this station several cases have occurred within the last three months where the pay of a medical officer has been retrenched, for comforts &c. supplied to the patients, which in every instance were essentially required; and although every explanation for the requirement of the articles has been given, he has found, to his utter mortification, that a clerk quietly seated at his desk is better capable of judging of the propriety of administering such comforts than the medical officer in charge. Nothing escapes these kites of the quill: crockery, port wine, potatoes, brooms (value three farthings), fowls, suet, honey, &c.; in fact, scarcely any article can be enumerated and obtained without risk to one's pocket. I therefore ask, do the authorities expect to obtain candidates for the service when our hands are so tied?

A fact or two relative to the treatment we are all liable to experience from our so-called superiors may, I think, be instructive; and, until our proper official status is conceded, it behoves young medical men to carefully weigh the advantages and freedom in private practice against the constancy of employment and costumely receivable in the public service.

1. A circumstance recently occurred here, where a medical officer, holding the same rank as, and senior in age and service to, his commanding officer, was reprimanded by him at muster parade, before all the men, solely because the medical officer's coat was not made in accordance with the commanding officer's ideas.

2. An assistant-surgeon in the same corps, wishing for a month's leave, and having obtained the sanction of his immediate superior, and also of the Inspector-General of Division, was refused (through private pique) by the brevet major commanding; and on an appeal being made to the General, he declined to interfere. According to this, any subaltern who may be accidentally in command of a corps can nullify at any time the sanction of a medical officer, holding the rank of colonel, and who is the best judge in the matter.

There is a junior captain in the same station (who holds his commission through the forbearance of a medical officer), who has stated it to be his determination to endeavour to ruin any medical man attached to his regiment. After such an avowal, can we look upon such an individual in the light of a gentleman?

The general feeling in the profession now is, that until we are placed under the sole control of the officers of our own department, as the clergy and engineers are, we shall always be considered by officers commanding to hold a very subordinate position in the service, and to be sat upon by them whenever it suits their humour. I am, Sir, yours, &c.,

November, 1863. CHIRURGICUS IND.

Neurosis.—The sulphate of aniline has been employed in some of the London hospitals. It has been chiefly used, we believe, in chorea, and given in doses of from a quarter of a grain to seven or eight grains, increased in one instance so that as much as 400 grains were taken in the course of a few days. The conclusion arrived at has been, that although the free alkali is a powerful poison, the sulphate of it has but little action on the animal body.

PODOPHYLLIN IN SYPHILIS.

To the Editor of THE LANCET.

SIR,—Referring to a letter from Dr. Sisson in your last number, will you permit me to say a few words with the view of preventing any misapprehension upon the part of your readers.

My experience of podophyllin in constitutional syphilitic disease has been limited to three cases, and wherein its administration seemed to me to have been attended with much advantage, particularly as regards the patient's complexion and aspect. It ought, however, to be remembered that the podophyllin was given in these cases subsequent to a mercurial treatment. I am possessed of no positive facts of the effects of this vegetable as the *only* treatment of syphilitic disease; indeed I have been loth to trust to it to the exclusion of other remedies of well-known efficacy. Mercury has been, in my hands, the most reliable medicine we possess in the treatment of most forms of so-called consecutive syphilis. A reference to page 722, vol. i., of Professor Aitken's work will show that he has afforded a correct expression of these views. Dr. Aitken most justly says that mercury "is a very valuable remedy in some cases more than in others, and the difficulty is to express the nature of the cases for which it is the most suitable."

With regard to primary syphilis, I have very considerable doubts as to mercury preventing the occurrence of subsequent constitutional symptoms, although I have very little doubt of its utility in the treatment of the larger number of these latter. In the last number of "Guy's Hospital Reports" is a most philosophical and practical paper on this disease by Dr. Wilks, in which he appears to have gone to the root of the matter, and indicated the pathological conditions under which mercury may prove useful or injurious in this disease.

May I venture here to correct a slight mistake into which Prof. Aitken has unwittingly fallen. It occurs at page 110 of the second volume of his admirable work, and has reference to the occurrence of tænia in Malta. What I stated in conversation with Dr. Aitken was, that in two cases of infants at the breast, who were the subjects of this parasite, I had found that the mothers had been in the habit of giving these infants raw or underdone ration pork to suck, and not "that children in Malta are not unfrequently the subjects of tænia on being weaned, from the custom of giving them raw pork to suck."

I am, Sir, yours obediently,

Portsmouth, January, 1864. JEFFREY A. MARSTON.

T. O. F.—The inhalation of nitrous oxide gas has been frequently used in America for anæsthetic purposes. We have read that it has been given in 4000 cases in Philadelphia for the purposes of dentistry. Our correspondent may refer to the December number of the *British Journal of Dental Science*.

THE NEW PHARMACOPŒIA.

To the Editor of THE LANCET.

SIR,—In your leading article of last week I perceive that the Council, confirming the recommendations of the Pharmacopœia Committee, advise all who prescribe and dispense medicine to discontinue henceforth the use of the drachm and scruple weights. Why? Is it because they consider it a more simple and ready method, and one calculated to save time, that they recommend us to write so many grains instead of so many drachms? Ex gr., whether is it simpler to write, Magnesiæ sulphatis, grana ccclx., or Magnesiæ sulphatis, ʒvi.? Do they think it will be a safer and better method for the dispenser to count out one hundred and eighty grains in six-grain weights than to use the ordinary two and one drachm weight? Why? The grain being unaltered, surely the drachm will signify sixty grains, and the scruple, twenty, as heretofore, without the physician who writes, or the dispenser who compounds, running any very great risk by so considering it. Whatever may be the advantages of the scheme of an indivisible ounce of 437·5 grains, I know not, though doubtless they must be numerous, or it would not be put forward by the Council; but if they expect or desire that their advice should be accepted and followed, they really must give us some reason for adopting it. At present I am of opinion that the drachm and the scruple will long remain familiar symbols of certain square or round pieces of metal in constant use by apothecaries and chemists.—Your faithful servant,

January, 1864. W. H. C. TESSIER, M.D.

Cymro.—1. Yes, provided there be no bye-law of the University to prohibit the receipt of fees.—2. The Apothecaries Act is believed to be still in force, and would prohibit the practice on the part of unqualified persons.

J. S. T. shall receive a private letter.

F.R.C.S.—A communication for this gentleman from Dr. Grally Hewitt is left with the Publisher.

THE CHLORINE TREATMENT OF SCARLET FEVER.

To the Editor of THE LANCET.

SIR,—Mr. Blyth, in his letter to you, seems to imply that the chlorine treatment of scarlet fever originated with himself. He speaks of it as "*my* plan" and "*my* remedy." Writing in 1864, he states it to be twelve years since he recorded his young experience. In Dr. Watson's "Practice of Physic," third edition, 1848, page 823, is to be found reference to the chlorine and chlorate of potash as remedies in scarlet fever. The same formula for generating the chlorine is given in Watson as mentioned by Blyth, with this difference: Mr. Blyth speaks of it as "*my* remedy," and uses ten grains of the chlorate to an ounce of water; whilst Dr. Watson gives eight grains only, and, instead of calling it *my* formula, states it to be the formula of Messrs. Taynton and Williams, of Bromley, and published in the fourth volume of the *Medical Gazette*. I remain, Sir, yours, &c.,

January, 1864. "PALMAM QUI MERUIT FERAT."

Hygiene.—In Vienna an average of 40 persons out of every 1000 die each year; so that if the population be taken at 580,000, which is probably correct, 14,500 persons die annually merely because they reside in Vienna instead of in London.

Mr. Gillibrand's letter shall receive attention next week.

VALERIANATE OF AMMONIA IN NEURALGIA.

To the Editor of THE LANCET.

SIR,—Can any of your readers inform me of the result of administering valerianate of ammonia in the *solid form* in neuralgia? In what doses should it be given? I am, Sir, yours, &c.,

January, 1864. FAR WEST.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Critchett; Dr. Stainthorpe; Dr. Collins; Mr. Parker, Bath; Dr. Horsfall, Masham; Mr. Baker; Mr. Wilson, Alton, (with enclosure;) Mr. Streatfeild; Mr. E. Poulson; Mr. T. W. Burgess, (with enclosure;) Dr. Nash; Dr. Frodsham; Dr. Althaus; Mr. Marsh, Hounslow; Messrs. Tennant and Rayner, Dewsbury; Dr. Park, Campbeltown, (with enclosure;) Mr. Haynes, Portsmouth, (with enclosure;) Mr. Lovell, Bristol; Mr. M'Kay, Coalbrookdale, (with enclosure;) Mr. Page, Brighton; Mr. J. S. Turner, Alfreton; Dr. Bennett, Liverpool, (with enclosure;) Mr. Coutts, Cumbernauld; Mr. Skey, Reading, (with enclosure;) Mr. Bridgman, Berkeley, (with enclosure;) Dr. Kearns, Kilkenny; Mr. Marston, Portsmouth; Mr. Peal; Mr. Hale, Chesterfield, (with enclosure;) Dr. Malcolm, Edinburgh; Dr. Wilis, Blandford, (with enclosure;) Mr. Pursell, Wolverhampton; Dr. Strong, Croydon, (with enclosure;) Mr. C. J. Trotter, Holmfirth; Mr. Philpot, Lydney; Dr. Britton, Driffield; Dr. Sisson; Mr. Beardsley; Mr. Duncan, Whitefield; Mr. Salt, Birmingham; Dr. Robinson, Newcastle; Messrs. Gillon and Co. Leith, (with enclosure;) Mr. Allingham; Dr. Constable, Brighton, (with enclosure;) Mr. Dickey, Belfast, (with enclosure;) Mr. Handsley, Alford, (with enclosure;) Mr. Evans; Mr. Unwin, Sheffield; Mr. Cregeen, Peel; Dr. Bree, Colchester; Mr. Sandford, Bentley; Mr. Harchesty, Birkenhead; Mr. Holt, Hitchin, (with enclosure;) Mr. Davis, Wrekenton; Dr. O'Neill; Mr. Jones, (with enclosure;) Mr. Colman, Kidlington; Dr. Lapraik, Glasgow; Dr. Buzzard; Mr. Lithgow, Weymouth; Mr. James, Bradford; Dr. Tessier; Mr. Muir, St. Andrews; Messrs. Davies, (with enclosure;) Mr. Jennings; Mr. Rayner, Chorlton; Dr. Brown, Preston; Mr. Gilbert, Bilston, (with enclosure;) Mr. Downie, Dunbar, (with enclosure;) Mr. Cuteliffe; Dr. Ellis; Mr. R. Davis, Manchester; Dr. Bramwell, Norwich, (with enclosure;) Mr. Magrath, Teignmouth, (with enclosure;) A Surgeon, India; W. X.; J. F.; An Old Subscriber; H. H. F.; A Member of the New Sydenham Society; Crayon; M.R.C.S., (with enclosure;) Student; Medicus, (with enclosure;) Cymro; The Mayor of Ashton-under-Lyne; X. Y.; &c. &c.